DYING WITH HOPE: THE BEST IS YET TO COME

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ABSTRACT

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I am a witness to the spiritual presence of God's hope when people die; there is no fear there, only peace and hope. Having conversations with people on their deathbeds, and seeing that it was removing their fear of death and replacing it with hope in God, made me realize that the current taboo on talking about death makes people afraid of dying. When we avoid conversations about death and dying, it creates a space of mystery and fear. Avoiding the topic also avoids talking about God and the hope that exists in God for an afterlife. When we avoid talking about God, we avoid talking about real hope.

Being a witness to God's spiritual presence with my end-of-life patients when they took their last breath on this side of heaven made me aware that we are more than we think we are. We are spiritual beings with human experience. Once our lives end here, we transition into eternity with God's loving hope, where we will live forever. God has made us for more than this life, and there is hope in dying. The best is yet to come.

The time is here to remove the taboo from talking about death and dying, to instead engage in healthy conversations about it. This will remove the mystery and fear and replace it with hope — not only for today, but also for the afterlife. The ultimate healing is from God, and since we have all been created in the image of God, we are born into this world with a longing for a rebirth of life. We were made for eternity, and we long for a rebirth of compassion for one another, of meaning and purpose in our individual and communal lives. There is hope after all, for all.

ACKNOWLEDGMENTS

I had a dream when I was a little girl in Sweden that one day, I would have a voice to speak up for myself, because I have something to say that can bring hope to the hopeless. It took a few decades to do it, but here it is in writing now. This has been a long journey with all of its ups and downs; it has been the worst of times, and it has also been the best of times. I have put my heart and soul into it. I dedicate this dissertation to all my patients whose hand I held as they died and went into eternity. This is their story, and their voices are kept alive on the following pages. Their deathbed stories changed my life, and I hope they will change others' lives as well.

I am forever grateful for God's call to guide me to write about this hope in Christ. There were several people who supported me on this journey. My husband George's daily encouragements helped me to stay focused to write even when I felt like giving up. My rescue dog, Gracie, peacefully slept next to my laptop to inspire me to peacefully write, no matter what. My editor, Tom McMahon, spent countless hours editing and helped me to stay on track. Dr. Peter Hintzoglou kept me focused and provided me resources and feedback as my faculty advisor. Dr. Tina Blair gave me encouragement and helpful support. My friends who served on my Site Team — Kelley Baker, Greg Heath, Susie Hess, and Becky Szeyller — came alongside to love and support me; I could not have done this without them. My friend and colleague Rev. Barbra Grear kept on nagging me throughout the years with, "When are you doing your doctorate, dear one?" My colleague and friend Lynne Romanowski's words ring true to this day: "Shut up — and go and write." And I did!

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CHAPTER 1
INTRODUCTION TO THE SETTING

My experience with death and dying began when I was a child. I grew up in a small town in the countryside of Sweden. The town was surrounded by lakes and mountains, very picturesque. It was located in northern Sweden, so the winters were extremely cold, long, and dark with little daylight. As a child, that made it adventurous as I skied to my grandparents' house during the winter. I spent a lot of time with them. They lived close enough so in the summers I walked or biked to their house, and they were always welcoming of me and of all people. They had dogs, cats, geese, chickens, and a horse, which they loved and cared for as well as the people in their lives. My *mormor* (maternal grandmother) seemed to always have freshly baked cinnamon rolls when I came to visit. We would spend time together eating cinnamon rolls and drinking coffee. I was taught at the early age of four how to drink coffee. That was the Swedish culture, getting together for coffee and cinnamon rolls, even at age four. We didn't talk much, but we spent time together, sometimes just sitting and listening to the birds singing.

My grandparents did not treat me as a little kid; instead, they were like teachers of life. They allowed me to be part of everything, including being present when my great grandmother died. She lived with my grandparents, so she was very much part of my life. My great grandmother died peacefully in her own bed at my grandparents' house, where she had lived for many years.

I had a close relationship with my grandparents as well as with my great grandmother. She taught me how to drink coffee with a sugar cube. the coffee was poured out into a saucer, and then the sugar cube was placed in the middle of it. That way the coffee cooled off a bit before I sipped it from the saucer. Great grandma would say, “Big girls drink coffee — drink up!” Even at four, I was old enough to drink the strong Swedish coffee. My great grandmother was a fun lady, and she liked to play dress up with me and my dolls or read books to me. She hosted the most spectacular tea parties with miniature teacups for me and my dolls, and we were all dressed up with our best dresses and hats. She had a calm and fun influence on my life. All my grandparents seemed to enjoy spending time with me. They included me in baking cinnamon rolls, cleaning, feeding the animals, and holding the hand of great grandma when she died.

It was very peaceful when she died, and it was very peaceful to be at my grandparents’ house, surrounded by their animals. My grandparents never went to church or spoke of any religious belief system, yet they were the best role models of showing me God’s unconditional love. They believed in the God who is always present, even when that is outside the walls of a church building. They did not use words to speak about faith in God, yet their actions and lifestyle spoke volumes, as they were the most loving, caring, kind, joyful, peaceful, gentle humans I have ever encountered in my life. I believe they lived by the fruit of the spirit, although they never used words about their faith.

> By contrast, the fruit of the Spirit is love, joy, peace, patience, kindness, generosity, faithfulness, gentleness, and self-control. There is no law against such things. And those who belong to Christ have crucified the flesh with its passions and desires. If we live by the Spirit, let us also be guided by the Spirit (Galatians 5:22-25 NRSVUE).

Later in my life, I came to realize that my grandmother was like my first spiritual director, and my grandfather was like an animal whisperer. I am deeply grateful that they very much shaped the early part of my childhood. I came to long for living my life with calm surroundings and being at peace no matter what was taking place around me. To be a peacemaker, include all people and love others — people and animals.

When my great grandmother took her last breath, no one felt a need to contact clergy for any end-of-life rituals. The family provided for the rituals that were needed. My grandparents carefully cleaned her, dressed her in a beautiful dress, and surrounded her with a handmade quilt in her favorite color, purple. I had the privilege to carefully comb her hair. It was a natural and organic kind of task. Mostly it displayed my deep love for her, and the gratitude for everything she had taught me during the time we had spent together.

Family and friends arrived at the house to say their farewells to my great grandma and to give their condolences to our family. My grandmother served everyone hot coffee and warm cinnamon rolls in the kitchen, right next to great grandma's bedroom. I ate my freshly baked cinnamon roll sitting on a chair next to my great grandma. I remember how peaceful it was to just be present; no words were spoken. Even as a young child, I remember having a sense of being on holy ground, as it was so peaceful — more peaceful than anything I had ever experienced. It gave me hope from something that seemed to be much bigger than myself. Being present at the bedside of my great grandmother's death was a privilege. My grandparents and other family members role-modeled to me how dying is part of life, a natural moment in time. Death can be a beautiful thing when it is embraced and accepted for what it is: transition time into eternity to be present with God.

That is the Gospel of God's love and hope for all people. Everyone deserves to hear the good news that there is life after this life.

Death and dying is a taboo topic and was not talked about too often until the COVID-19 pandemic of the past years, 2020-2022, when the topic was brought to the forefront of the entire world. Almost seven million people worldwide have died from this terrible virus. That includes more than one million people dead in the United States. When vaccinations became available, people still got COVID, but they recovered. I got very sick from COVID myself during the pandemic, before there was a vaccine available. I had never been as sick as I was when I had COVID, and I remember being in the emergency room at the hospital wondering if I was going to die from the illness. The only thing I could ask for was for people to pray for me — to pray for God's love and healing power. I survived, but many others didn't.

Because of this deadly sickness, the topic of death and dying was on the daily news, and millions of people experienced the reality of losing loved ones. It was a new normal, with a world suffering from grief and trauma, and questioning the meaning of life and death. Everyone was affected by the pandemic in some way. Many questioned the reality of being a citizen of this broken world, where death and dying took place every day, everywhere. Death happened, grief happened, and there was turmoil and suffering. It was a grim reminder that we are all going to die at some point. We do not know when that will take place, but we know there is no other way to exit the world except through dying. Many began to search for what the meaning of life is, and how we can live out our lives with authenticity and being peaceful with each other as well as to ourselves. People had questions and were searching for something that would shine a light on meaning and

purpose while having healthy conversations about death and dying. There was nowhere for them to go to engage in conversations that would have helped them to remove the fear and avoidance of the topic of death and dying. There were no invitations, no places that opened up their doors for people to talk about the inevitable. Not even the churches provided safe space for conversations about death and dying. That was another missed opportunity for the organized religious institutions in America to become more open and welcoming and engaging in difficult conversations about suffering, death and dying, and the hope in the Gospel of Christ. Mostly the clergy kept on doing what they used to do before the pandemic. That was a big mistake, because nearly seven million people have died, and everyone has been affected by that. We are all suffering from grief in this new post-pandemic world, and the new reality is that we need to have conversations about death and dying, and hear the Gospel of hope and healing. That is the antidote to death.

The reality of life is that we are all going to leave this world at some time — we cannot stay here forever, no matter how much we try. From the time we are born, we are one step closer to dying. There can be a sense of freedom and joy in living each day to the fullest once we accept that it will not last forever. To have an awareness that each day is a gift from God, and that we cannot take it for granted. Life can be beautiful when we live it with meaning and purpose, and with an awareness that God is with us here and now. We are created in God's own image, and that means that we are valued as human beings; we are all made equally. The scriptures beautifully inform us, "So, God created humans in his own image, in the image of God he created them; male and female he created them" (Genesis 1:27 NRSVUE).

Since we are all created in God's image, we are deeply loved and adored by Him. We belong to God both in life and in death, and that is not something that can be taken away from us. God's love for us is so strong that there is nothing that can separate us from that love. God's word beautifully tells us through Paul in the book of Romans:

> What then are we to say about these things? If God is for us, who is against us? He who did not withhold his own Son but gave him up for all of us, how will he not with him also give us everything else? Who will bring any charge against God's elect? It is God who justifies. Who is to condemn? It is Christ who died, or rather, who was raised, who is also at the right hand of God, who also intercedes for us. Who will separate us from the love of Christ? Will affliction or distress or persecution or famine or nakedness or peril or sword? ... No, in all these things we are more than victorious through him who loved us. For I am convinced that neither death, nor life, nor angels, nor rulers, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation will be able to separate us from the love of God in Christ Jesus our Lord (Romans 8:31-39 NRSVUE).

There is value in our lives; we are children of God who has created us for eternity. It makes a big difference in our lives knowing that we are all made in God's image. He loves and values us so much that nothing can remove or destroy the bond we have with God. We are covered by God's unconditional love while living here in this world, and when we die and transition into eternity. God is love, and this love never dies; it is always existing in present tense.

Death and dying is a natural part of life, a transition into the next life. We cannot fight dying, but we can embrace and accept God's provision for us for eternal lives. Dying can be a beautiful thing. I have learned so many life lessons from my dying patients over the decades I have spent at their bedside when they took their last breath in this world and peacefully went into eternity to be with God. I have come to find that we will die the way we live. If we live our lives surrounded by our loved ones, so too they

will be there with us when we die. If we live our lives isolated and alone, we will die alone, too — except God is always with us, never to leave us alone.

Being a chaplain and a pastor in Southern California has provided me with much experience with death and dying. There are some seasons where I have spent more time with the dying than with those who were alive. I never planned on being an expert in the field of death and dying. It came to me by God's calling. My parents had always hoped that I would become a standup comedian to make people laugh. Instead, I worked with the dying, and I have been present with more than six thousand patients as they took their last breath. There were tears from their loved ones as they said their goodbyes, but there was never any laughter. However, it has been said that there is a fine line between crying and laughter, and sometimes tears turn into laughter.

Ministering to those preparing to die is what God called me to do. It can at times feel like a blessing, and at other times can feel like a heavy burden on my soul. I believe that those who are close to their end of life deserve to be well cared for and to be at peace as they die. They deserve to know that God loves them and has prepared eternity for them. They deserve to know there is hope in dying, and that there is life after life. There is a need for specially trained clinical chaplains to be present with and minister to the dying. It is not for the fainthearted, and I would never be able to provide this ministry on my own. It can only be done with the spiritual presence of God. Being present with people as they die becomes like holy ground as God's presence becomes evident and I get a glimpse of heaven. I believe we are spiritual beings with a human experience; the spiritual takes precedence during the process of dying. In my line of work, it is up to me to provide spiritual care support to the patient, to the family members and also to the staff

who are often just as affected by the death of their patient as the family is. My energy is often drained when I leave a deathbed that has been completed.

I have learned the hard way how important it is to practice self-care. It is of the essence to take care of ourselves; otherwise, we will burn out from caregiving. If we only give to others without first replenishing ourselves, we will not be able to give good care to others. I have learned this practice well over the years, although it did not start out that way. I believe that the wisdom I have now comes from my past caregiving and the mistakes that I have made over the years when I did not practice any self-care.

I became the caregiver for my alcoholic mother during my teenage years. To my knowledge, she had never even been introduced to alcohol until she suddenly began to drink excessively one summer day after we had visited the Dachau Concentration Camp outside Munich in Germany. The death camp was a horrific place where the Nazis tortured and executed thousands of Jewish people were tortured and executed during World War II. The camp had also imprisoned people like artists, intellectuals, physically and mentally impaired persons, and gays and lesbians. It was a surreal experience to walk through the museum and see the horrors that had taken place there years ago. I had no words to describe what I witnessed. I remember my family and I cried over the horrors. We were affected by having been there. I felt called to help and change this broken world so that the horrors of the death camp would never happen again to humanity.

As I cried myself to sleep that night, I noticed that my mother turned to alcohol. From that day on, my mother was on her own path to destruction from being drunk every single day. I became her caregiver, and it was not an easy thing to witness. I was a teenage girl who was doing real caregiving when I should have been in school. Sadly, my

mother did not want to have conversations about getting healthy and receiving freedom from her addiction. Whenever my family and I attempted to talk about her alcohol addiction, she shut down and refused to talk to us. In my home country, we did not have all the resources that we have today with support groups. The sad reality was that eventually her addiction to alcohol took her life — she died from cirrhosis of the liver. She was too young to die, and I was too young to become motherless. Yet it happened anyway. It was taboo to talk about alcoholism in my birth country, so it became years of complicated grief for me.

It was emotionally draining to be a caregiver at such a young age, and it was emotionally draining years later as a chaplain when daily I went from deathbed to deathbed without taking time to rest, relax, and refresh, to get some balance by practicing self-care. Often, I felt like a machine going from one dying patient to another. I was a great caregiver to others, but I did not practice self-care for myself. I started to get sick and felt burned out. It was as if I had ignored myself, and it took a toll on me. It was a repeated pattern from my childhood that I no longer wanted to repeat, so I decided it was my turn to become healthy, inside and out.

I have always felt God's presence in my life, and prayers and journaling have been part of my DNA. My support system in my family, mentor friends, and spiritual director provided me with much wisdom to better balance my life. They reminded me how much nature is healing to the soul. I began to take daily walks by the harbor, breathing in fresh air as I walked with my husband and my rescue dog. I began to meditate, focusing on my breath as I did meditation walks. When we become very intensely focused on things, we can accidentally hold our breath, which restricts oxygen

to the brain. Every time I pressed open the back doors to the emergency room, my breath stopped. I never knew what kind of death I would find behind the doors.

My breath was in constant emergency mode as I went from deathbed to deathbed every day. I continuously gave healthy advice to everyone else — "Please remember to breathe" — but I did not listen to my own advice. Meditation taught me to not cut off my own breathing. I went to therapy, where I learned to listen to my own breath, and it was very helpful to my recovery from being burned out with caregiving to the dying.

My love for animals and the healing power they have for humans led me to learn horseback riding. It was so healing for my soul to be in the presence of horses and learn to slow down my pace, and it brought back memories from having been around my grandparents' horse so many years ago. My husband and I go horseback riding several times a month, and it has brought joy into my heart and has balanced me out. It has helped me realize that I am so much more than a working caregiver, more than a working pastor and chaplain. I am a child of God, made in the image of God.

When I trained to become a clinical chaplain in intensive, emergency, hospice and palliative care, I also trained to be a counselor. Part of this chaplaincy training was to counsel my patients, and in order to counsel patients I had to receive counseling from a professional therapist on a regular basis, which is one of the best things I have ever done. In my Clinical Pastoral Education (CPE), I learned to do my ministry based on a model of an action and then reflection. I began to do reflection as I ministered to those who were dying. I began to see and sense God's spiritual presence of peace and hope in each death. There was so much meaning and purpose in their deaths.

What blessed me the most were the stories and lessons that I had the privilege to hear from the dying patients. God provided me with a deep desire in my heart to be with my patients to help them die peacefully and with hope — to let them know that God loved them and was with them and would not leave them but lead them into eternity. It was God's call for my life. The dying patients became teachers. They taught me numerous lessons on how to live life to the fullest while I am still able to do so. Their stories from their deathbed changed me for the better, and made me aware that life here is temporary, and very fragile. Life can end at any time, and we can all help one another with living life more lovingly to each other by knowing we are all made in God's image. I learned that we tend to live life focused on achieving the wrong things, the non-essential things that do not make us any happier in life.

The deathbed conversations are lessons that I believe will change how people view death and dying. I am now sharing their life lessons and stories with others because it provides hope and gives peace in death, and people need to hear that. Their stories shed light on how to truly live life with meaning and purpose while we are still living here. The deathbed conversations removed the taboo from talking about death and dying. Their openness to share their real-life stories intertwined with their life lessons was a gift that I now give to others. I shared their deathbed stories and life lessons at my workshops about death and dying well. The people who attended my workshops all testified that they had been fearful about death and dying and had not had any conversations about it. The workshops helped to shed light on what is important in life, and how to embrace and accept death as a natural pathway into the eternal life. We are here to help each other, not to harm one another. We are all brothers and sisters made in the image of God, created for

eternity. God's unconditional love is for everyone. The deathbed stories are all God-focused and hope-filled.

My patients' stories are filled with wisdom about life, and they blessed me and made me a better human being as I implemented them into my own life. I refer to these lessons as holy conversations, because they provide such a deep sense of having the real spiritual presence of God with us in our midst. Our conversations overflowed with wisdom, love, and authenticity. I provided pastoral care to people during their final moments of life on this side of heaven, and I noticed that the surroundings of the dying patients became more spiritual and less human. I listened to the stories they told with deep love and authenticity about the lives they had lived. There was a deep sense of spiritual awakening from within each person. I came to find that when people were close to their death, they took on a spiritual side they had not had before; the presence of God's spirit became evident. That happened even if they had not been believers before. If they already had been Christians, their faith in God deepened, and they spoke of how they were looking forward to going to their eternal home in heaven. There was a noticeable change that came from the depth of their souls. They became peaceful and said to me, "I am tired," and, "I am ready to go home to be with God."

I believe that we are spiritual beings with human experience; we are created with eternity built in our hearts and souls. When their time came to die from this world, my patients transitioned into their new life with God in eternity. People close to their deaths went into the next journey with a deep sense of awareness; they knew there was more to life than what they had experienced here. They had the awareness that there is a God who loves them and had made provisions for new life. He was making a new thing for them

by providing a journey into the next life. This awareness provided them with much peace and hope for their souls.

Some of my hospital patients had no previous religious faith belief systems set in place prior to coming to the hospital. Some of them had a variety of eclectic belief systems. Some were of the Christian faith. When they were asked about their hopes and wishes for what their existence would be like after their death, they all had remarkably similar answers: “I want to be with God in Heaven.” As they came closer to their end of life, they became remarkably more at peace, and became more focused on what God’s Word had to say about the eternal destination they were going towards. Many of my patients had been diagnosed with a terminal disease, or a life=threatening illness that was overtaking them. Before they died, they had a deep need to make sense of it all. They needed to come to terms with the reality that their lives were coming to an end. It was a very similar reaction that their families had, too; there needed to be a purpose in the midst of a loved one’s death. The reality is that we all need to have a sense that there is meaning and a purpose from a higher being; it cannot just be by coincidence that we simply live and die and that’s that. Even when patients were admitted to the hospital with no prior belief system set in place, by the time they were dying in the intensive care unit (ICU) they would question the purpose of life and the meaning of it all. “There must be a Heaven after this,” a patient would say on their last day in this life. “I am not a religious person, but I believe in Jesus.” Once they turned their focus on a loving God who was waiting for them in Heaven, they became very calm and peaceful. Few patients claimed to be religious, but many shared that they were believers in the God of the Bible. Most of

my patients referred to themselves as being spiritual, although they gave reasons for not being religious.

The responses were often very similar— "I was hurt by my church," for example — but even though they did not identify themselves as being religious, they still defined themselves as being spiritual and believing in God. I did not find that my patients did not believe in God just because they did not identify with being religious. They associated church and religion as items that went together. It was not God they were against; they were against the church because often someone in a church had harmed them. As Charles Meyer wrote, "Spirituality is often an issue in a good death, regardless of a person being religious or not."[1]

I am convinced that all humanity is created by God, and since we are created and shaped by God, we have this deep need in our souls to be with God. At all times we have this need deeply imbedded within us. Some people wait till the very end of life to make the connection with God, and some turn to God when there is a health scare or some other type of emergency in their lives. The ICU had both of those scenarios on a daily basis — sometimes several a day, sometimes at two o'clock in the morning.

Whatever time it was, when the time to die came, my patients died with peace because they believed God was with them. Often there was a noticeable shift that took place from within those who died. They found the meaning and purpose they had sought. I was there at the bedside when they died, and I witnessed the spiritual presence that provided the dying with a peace and calm that changed the cold and gray hospital room into a warm, radiant light that gave a reassurance of being on holy ground with a new life

[1] Charles Meyer, *A Good Death* (Mystic, CT: Twenty-Third Publications, Bayard, 2000), 39.

to transition into. I referred to this as Jesus, our Shepherd who guided them through to eternity. My patients referred to this sometimes as, “My higher being is here,” or, “God’s angels are here,” or, “Jesus Christ is here.”

It did not matter what their cultural background was, or their religious belief, or their lack of religious belief system. In the moments leading up to their death, each patient was changed from before their dying process. When they died, they referred to where they were going as, “I am going to be with God,” or, “I am going to see Jesus.” From my experience being with those dying, everyone was searching for an eternity where they would receive new life. Many would say, “Surely, there must be something more than being born into this life.”

There were times when my patients were suffering from a painful disease that caused them excruciating pain to their body, mind, and soul. They refused to take any pain medications that would alleviate their pain. The nursing staff would page me to come to help in those circumstances. The nurses often had a very difficult time witnessing their patients suffer, especially when it could be alleviated by pain meds. There was one elderly woman who had a late-stage terminal disease, and she was crying out in pain from what the disease had done to her body. She adamantly refused the pain meds. She had a rosary at her bedside, and that was the only thing she used for the pain — to pray her rosary. It was not enough. I had visited her bedside several times after she was admitted. She was a woman of prayer, and she loved to hear the Bible read to her. She was always alone; no family or friends ever visited her. Her pain got worse as her disease took over more and more of her frail body. She was close to the end of her life,

and instead of having peace, she suffered in the dying process as her pain level became more intensified.

I sat in a chair next to her bed. Her name was Emilia, and I asked her the reason why she wanted to be in pain. She responded with tears in her eyes, “My god is angry at me — I must suffer.” I rarely correct people in their belief system; there is freedom to believe whatever they want to believe. However, in this case I did correct her. I said to her, “God is love. He loves you, and He does not want you to suffer. Our loving God would never cause you to suffer like this.” Emilia loudly screamed out in pain, and by divine intervention, she heard me. She agreed to have her pain alleviated with medications to help her not suffer. Once the pain was minimized, she was able to engage in conversation. She wanted to know more about the love I had referred to. “Does God love me even if I don’t suffer like Jesus?” That had been her reason to refuse pain medications; she thought God would not love her. What a terrible burden she had carried with her believing that she had to suffer like Jesus. She had been under the false teachings that her incurable illness had been God’s judgment. She had lived in fear and felt hopeless. We had several conversations about her end of life, and she was at peace when she died. Emilia had experienced spiritual suffering, and it affected her end-of-life dying process. I wondered in the quietness of my heart why she had waited till her deathbed to respond freely to God’s love and eternal peace. Emilia had suffered in silence out of fear of judgment. She was not the only patient who had waited till her deathbed before she was finally at peace with God.

God’s timing is quite different from our own timing of things. I wished that Emilia could have relived her life here with the assurance that God loved her. Suffering

and pain exist in this broken world, but God does not cause it. God is with people even amid their pain and suffering, holding them close. God is the healer and lover of all human souls. No one is excluded from this eternal love. My calling is to share this good news of the Gospel with all people.

It was not uncommon for the emergency room staff to have patients dropped off with no name because they had been found unconscious from an overdose. They were not able to identify themselves, so we had no choice but to temporarily give them a name until they woke up to identify themselves. Jane Doe was the name of the middle-aged woman I was present with after she had been dropped off by someone outside the emergency room. She looked like she had experienced homelessness for some time. She had no family present. She was taken inside by the emergency room staff and admitted into the hospital as a Jane Doe. She was taken to the ICU and given medications to help her through the event. She woke up the next morning when she became somewhat sober. She was very quiet. The medical labs came back, and it was worse than the doctors had expected. She had late-stage cirrhosis of the liver; she was at the end of her life. She was too young to die, yet the addiction was about to overtake her life. All available medical treatments were given to her, but to no avail. I sat at her bedside as she told me her story. She had been drinking alcohol since her early teenage years. She had been raised in a family where she had suffered from abuse and dysfunction. She said she had to numb herself with alcohol. “I don’t know why I numbed myself instead of finding some help that would have healed me instead,” she said. For her whole life, she had been searching for someone to love and accept her for who she was. She never found love until she was at the ICU.

It was not until she was on her deathbed, bleeding out from a failed surgery, when she heard that God loved her. I remained at her bedside until she took her last breath. I held her hand and told her, “God loves you so much. He always has and always will love you. You are a child of God created in His image.” She managed to smile and said, “Are you sure God loves me?” I affirmed that God loved her indeed. Before she died, she said, “I wish I would have known that God loved me earlier in my life.” I too wished that she would have known that God loved her before she was on her deathbed. Her last words were, “I am ready to see this God.” No matter what people struggle with in life, no matter where they have been or who they are, they still deserve to know that God loves them. Everyone has a deep need to know that they are loved by God. My calling is to share this good news of the Gospel, to let people know they matter to God. Shepherding people towards the everlasting promise of our loving God is the only way to provide hope for the future for all people. It is all by the grace of God, for the people of God, thanks be to God.

When I moved to Southern California, I was at first overwhelmed with how different things were here from I had been used to. It was a culture shock for me compared to my Swedish cultural background, where death and dying were more acceptable to talk about. Even the concept of growing older was more embraced as a natural part of life in Sweden than in Southern California. In Sweden, it was considered an honor to grow older, as age and wisdom were intertwined. To die could not be avoided; instead, it was a reality to be accepted. The medical system was a universal health care system that focused more on preventive care than prolonged life. Sweden had fewer ICU beds than any other country in Europe. When someone was admitted to a

hospital at the end of life, being put on life support was never an option for the doctors. No one expected to be put on life support at the end of life.

Sweden is a secular country where most of the people identify themselves as atheists. They do not believe in God, and they do not embrace that there is life after life. Growing up there, I never knew anyone who believed in God, or who went to church. The school systems taught us about all world religions, and we were taught from an early age by our teachers that "faith in God is only for weak people." Often, we were told that "religion is not for you; you don't need it." The system I grew up in was that the church was owned by the Swedish government. It was a state-owned Lutheran church. The big, beautiful cathedral church in my hometown stood with empty pews on Sunday mornings. The only time people came into the church was during the summer months when tourists arrived to visit my hometown and the majestic cathedral-style church building in the center of town. The church was surrounded by an old graveyard. It was a serene setting.

As a teenager, I felt called to take confirmation in my hometown church. I had been baptized as an infant in the same church. Baptism was the only pathway to receive a name per the legal system at that time. Baptism was not meant to be a religious event; it was solely for tradition, and to be named with a surname. Once a person was baptized, by default one became a member of the state-owned Lutheran church, and ten percent of the person's income would be taken in taxes for the state church. That was not a choice; it was part of the system.

I went against the advice of my parents, schoolteachers, and friends when I chose to get confirmed and participate in the confirmation classes offered in my hometown church. The weekly classes were for a one-year commitment. We attended Sunday

morning worship service, and evening classes were held at the church. It was during that time I came to believe in God. I had a spiritual encounter, and I fell in love with Jesus. Hope came into my heart, and I loved reading and hearing the scriptures come alive. I began to attend church on a regular basis. Each confirmand was given an attendance booklet that had to be stamped by the pastor after each service as proof of our attendance. When my first attendance booklet was completed, I asked the pastor for a second booklet. When the second booklet was completed, I asked for a third booklet. I loved church, and I had found my calling. However, the pastor responded in a way I did not anticipate. His response to me rings through still to this day; it has been frozen in time. His words to me were, "No, Anette, you will not be given another attendance book. This is not for people like you — this religion is for weak people only." My response to him came from the depth of my soul as I said, "I have come to believe that God's son Jesus is real, and that the Bible is God's Word. It's real — it's more than just a book." The pastor looked sternly at me, raised his voice, and loudly said, "You are wrong, young lady. This is just a history book, nothing more. You did not come here to start believing in a god. You don't need this." He went on, "You will not be allowed to return to church any longer. You are done here. This book is not for people like you. There is nothing to believe, and you need to leave now." I walked out the door of my hometown church, and I felt full of fear and shame for what had taken place. I felt shunned by the church. I was scared to death. Although it was a very traumatic event filled with rejection, fear, and shame, that was the moment I was called into the ministry. God redeemed it, turned the bad into good.

The pastor of the church was also the confirmation pastor, so I had no place to go to complain or request another pastor because they were all of similar mindsets. I was

born into a social and political system of not having a personal freedom to believe in God. I had to accept the pastor's decision of kicking me out of the church. I was scared, and I was too afraid to tell anyone out of fear of retribution from the pastor. He was powerful; I was not. I kept it a secret that I had been kicked out of the church because I confessed to believe in God.

I felt fearful and hopeless. I became depressed. I did not dare return to church for a very long time. In private, I began to quietly pray to God on my own by seeking out serene and peaceful settings like going to a forest. There I would sit on a tree stump while I prayed, talked to God, and listened. I did not have a Bible because the pastor had ripped it out of my hands before he kicked me out of the church. So, I memorized scriptures like the Twenty-Third Psalm. It seemed fitting for my life.

Looking back, I can see God's hand in my life during those teenage years when life seemed so hopeless. God's spirit was always present, and I never felt alone when I did my personal worship out in nature with prayers, songs, and listening to God's voice. During that season in my life, I became aware of the real spiritual presence of God being with me and noticed that God is everywhere. It does not matter if it is inside of a church building, or outside in a forest in the northern part of Sweden, or in an ICU with a dying patient who had no prior knowledge of God. God is there by grace. God is the ultimate Physician who heals our brokenness. Even when being kicked out of a Swedish church, God was, and still is, with me. God was kicked out with me from the church.

My longing for freedom eventually led me to America. I noticed there were so many churches where we lived in Princeton Junction, New Jersey. I also noticed that on Sunday mornings my neighbors went to church. Due to my background of having been

kicked out of church by the Swedish confirmation pastor, I was still fearful of going back to a church. I had vivid memories from the incident that took place with the Swedish confirmation pastor who had told me to leave the church because “faith in God is only for weak people.” Yet, I observed that my American neighbors were not weak people at all; they were quite the contrary. One day I stopped by a Lutheran church and knocked on the door. A woman opened the door and introduced herself as the associate pastor of the church. She was friendly and very welcoming to me. With the bad memories still vivid in my mind, I asked the woman if I would be allowed to come to her church one day. Her warm welcoming of me was the first step for me back to a church that I had to leave while doing my confirmation classes so many years ago. I eventually became a member of that church, and my ministry began to be formed.

I eventually felt called to go to Fuller Theological Seminary in Pasadena, California. After my graduation from seminary with a Master of Divinity, I continued my studies and training in clinical chaplaincy, palliative care, and hospice care, and became a board-certified clinical chaplain. My specialized training was in emergency and critical care in the ICU. My ministry of peace and hope is for all people — no one is excluded, and it does not matter if people have a belief system or not. Everyone deserves to know that God loves them, especially when preparing for death and dying. Everyone has a purpose in life, and I know that my purpose was to be a peaceful presence at the bedside of a dying patient. Although the patients and their families expressed their gratitude, I was the one who was blessed by being on holy ground with them as they transitioned into the next life. When someone transitions into eternity, it becomes like holy ground. Deathbed conversations become deeply spiritual and authentic. Wisdom flows from the

dying, which changed me and made me a better human being. Their stories about life, death, and dying became sacred stories.

Some of the end-of-life stories had humor added to them. There was an elderly woman who had been brought into the emergency room as she had been found unresponsive at her home. She was put on life support and transferred to the ICU. The following day, I heard a loud female voice echoing through the hospital corridors. The voice yelled, “This does not look like heaven to me. Where the hell am I?” I ran towards the loud voice that yelled out, “Help me, please someone help me!” It was very unusual to hear a patient yell out for help in the hospital. I was able to locate the ICU room where the loud voice originated from. To my surprise, I found no one in any distress. I saw an elderly, well-cared-for woman sitting up in the hospital bed holding in her hand the breathing tube that had kept her alive for the past 24 hours while she was on a ventilator. Apparently, she had managed to extubate herself, which was normally a procedure done by a physician. The woman looked perfectly fine to me. She was alert, awake, and had a look of determination on her face. She made it very clear that she was not happy to be in a hospital bed and to be alive and well.

She commanded the hospital staff to leave her room, except me. She pointed to me with her long, well-manicured finger, and said, “Chaplain, you stay here!” It sounded like an order that could not be refused. I pulled up a chair from the corner of the room and sat next to her bed. The sun was shining into the room, and her face was half covered in the bright sunrays; the other half was in the shadow. She was indeed angry. She asked me, “Will you help me please?” Her voice became stronger as she said, “Will you please help to kill me?” Then she said, “Get me a knife or something sharp that can kill me

now." Having worked for decades as the ICU chaplain, this was the first time a patient asked to be killed after having been resuscitated. In a calm voice, I replied to her, "No, ma'am. I am not in the business of killing people." Then I asked her, "You must be disappointed about being here — what happened?"

She looked down and put her head in her hands. "I am so disappointed I am still here alive. Who the hell is responsible for getting me to the hospital?" she asked. "Do you know who did this to me?" She narrowed her eyes as if to see if I knew the answer. I did not have an answer for her, because I had no idea who had found her lifeless the previous day and called 911. Whoever that person was had done exactly what we have been taught to do when we find a lifeless person — we do CPR and call for help. I would have done the same thing.

However, in this case the elderly woman did not want to be brought back to life. She told me her story. She felt she had lived a long and good life, and she was content with going into eternal peace to be with God. The previous day, she had been at her home, where she had spent the day with friends. She went on to say, "Then after dinner when I got tired, I went to bed, like I always do. During my sleep I suddenly felt this peace around me. I felt surrounded by a peace I had never felt before. Then, I saw the face of Jesus holding out his hand to me." She got teary-eyed and continued, "I took his hand and must have been in heaven, because it made me so happy to be there. I saw this bright white light and all I could feel was peace. I was so happy to be there. I wanted to stay there."

Her story of dying was the same description I had heard so many times before. The bright white light, the peace, the warmth, and seeing the face of Jesus. No one ever

wanted to come back to this life after having that experience. However, for various reasons some came back to this life, and then the unhappiness set in. This woman was very disappointed to be in a hospital, and not in eternity where she had momentarily been. She looked at me with big eyes pleading for an answer to her question, "Who put me on life support, and why would they do that to me?" She wanted to know who was responsible for bringing her back to life, and it was not to thank them for doing CPR and saving her life.

The woman's name was Ellen. She shared her life story and told me how she had always hoped that when it was her time, she would die in her sleep. She said, "Being in a hospital is like a nightmare for me. I am done with life; it is my time to go." After listening to her story, I asked her, "There must be something in your life that is unfinished. What would that be?"

She replied, "The only thing that I will not do is forgive my sister for what she did to me." I asked her, "What did your sister do?" She tried to remember but could not. She said, "I can't remember. It must have been forty to fifty years ago." I said, "Maybe that's the reason you are here — to forgive her?" With some assistance from social services, her sister was located in another state, and a phone call was arranged between them. It was something that needed to be done before her time to die. It was a perfect time for them to talk for the first time in decades. During their phone conversation they cried, laughed, and forgave each other for what had taken place so many years ago. Neither one of the sisters was able to remember the reason for their falling out, but nevertheless, forgiveness took place. It was a divine moment, and it felt like we were on holy ground witnessing

God's grace that gave her one more day to live so that there could be forgiveness and closure after so many years apart. They had been reunited at last.

Later on, that same evening, Ellen said she felt so much better after she forgave her sister. She said, "I wish that I had forgiven her forty years ago. It was silly to hang on to a grudge that I cannot even remember what it was all about. If I could redo my life, that is what I would do — just forgive people." I learned another lesson from my deathbed patient: forgive others as you have been forgiven. We had some conversation, and I prayed for her before I left her bedside. "That prayer better work," she said with a smile as I waved goodbye to her for the evening.

Having worked for decades with people near their end of life, I know that my patients can die at any time, so I always say goodbye to them as if it would be our last goodbye. They might not be there when I returned the next day. I said to Ellen, "Goodbye, my friend. Until next time, I'll see you again, either here in the hospital tomorrow or in heaven one day." She waved goodbye and said, "Trust me, it better not be here. I'll see you in heaven one day." Ellen was correct — she died later around two o'clock in the morning. When I returned to the ICU the next morning, her room had already been cleaned and there was a new patient who had taken her place. I missed Ellen, but I was grateful that she got her wish, which was to go to heaven to see Jesus again. This time, she did not return to the hospital.

This concludes my story so far, having been born into a country where I did not have personal freedom to believe in God and nurture my faith. Even though I was ridiculed, shunned, and kicked out of church because I believed in God, it still worked out because God is bigger than any human systems, and nothing could stop me from

becoming a Christian. Nothing can separate us from the love of God — not even a confirmation pastor can come between God's love and a believer. The Bible affirms it through Paul, who said:

> No, in all these things we are more than victorious through him who loved us. For I am convinced that neither death, nor life, nor angels, nor rulers, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation will be able to separate us from the love of God in Christ Jesus our Lord (Romans 8:37-39 NRSVUE).

At first, I resisted God's call for my life because I had been kicked out of church by my confirmation pastor so many years ago. However, I believe that is the reason God called me to be an ordained pastor and clinical chaplain, because of what took place in my hometown church. In my ministry, there is meaning and purpose in telling all people that God loves them, no matter what. Even if they have been kicked out of church, or mistreated, or shamed by others, they are still loved by God. Even if they are not believers, God still loves them and is with them. It makes a big difference for people to become aware that they are loved and accepted by God.

The culture in my birth country was against God and did not believe in an afterlife. However, they were open to hearing about near-death encounters, which left many with a desire to learn more about the validity of a life after life. Death was viewed as an organic event that we all must go through. Those who are at their end of life die without hope, which is a sad reality of not believing in God. It is very different from my ministry, where I provide end-of-life pastoral care to those on their deathbed by giving them the hope of God. There is no other hope but the true hope of God, with the promise of eternal life. The hope is Christ as the ultimate Physician, the one who sets us free from this broken world and brings us to eternity.

Death can be a beautiful thing when there is hope. My deep desire is to help and change the current culture in America, where the topic of death and dying is taboo and avoided at all costs. When the topic of death and dying is taboo, it becomes a big mystery with negative misinformation, and most become fearful of it. By avoiding the topic, death and dying can become complicated and bring unnecessary suffering to people at the end of their lives. How can we prepare for a good death unless we have conversations about it and tell our loved ones how we wish to die, and what kind of medical end-of-life care we want for ourselves in the future? It is time to talk about it so that we can die the way we have lived, on our own terms.

I believe that the time is here to share the stories and lessons that I have learned from my end-of-life patients on their deathbeds. Their stories can help the living prepare for their end of life. The near-death encounters will bring peace and remove fear about dying. Above all, God's living word will bring the Gospel of the Good News to all people. Faith in Jesus is where the hope is — the peace and assurance that death and dying is the transition into new life. There is life after life, and there is more to come. The best is yet to come.

CHAPTER 2
PRELIMINARY ANALYSIS OF THE CHALLENGE

I am a pastor in a congregation and chaplain specialized in palliative/hospice at a 350-bed hospital. Death can be a beautiful thing as it is a natural transition into the next life. This project will document life-changing lessons of being at peace with death and dying well, and it will produce educational curricula and sermons with the intention of changing the American culture's denial of death.

I wrote this in the third year of the COVID-19 pandemic. So far, almost seven million people have died throughout the world from the novel coronavirus. News organizations and other media outlets reported COVID-19 deaths 24/7 with all the latest updates. People feared contracting the deadly disease, and they heard about death and dying on a regular basis. People knew people who had died from the disease; everyone was affected by the pandemic. Death came to the forefront, and we can no longer deny that death exists. It has become a new normal.

American culture's denial of death can no longer be sustained, as the pandemic moved death and dying to a topic that was talked about every day, everywhere we went. We were all reminded of our own mortality by the pandemic. Lately, I have been pondering whether the world's current turmoil that has been rapidly escalating is a side effect of COVID-19's constant reminder of death knocking on our door. The time is here to engage in conversations about the inevitable so that there can be a good death for those

who are at the end of their lives, and for those who are left behind to have a healthy grief journey ahead of them.

My ministry's primary focus was to provide pastoral care to end-of-life patients and provide comfort not only to the dying but also to their grieving family. It can be very intense and challenging, with the constant emergencies and death. Chaplaincy has been described as crisis spiritual care; it is providing God's hope in the midst of people's suffering and emergencies at their end of life. It can also be a very lonely ministry. I spent more time with dying patients than I did with those who were not dying. A normal day for me was to go from one deathbed to another deathbed — about two patients died every day in the hospital or in the local community. I was there with them holding their hand when they died. I became so accustomed to being with the dying that it became a challenge for me to be with people who were not at the end of life. My dying patients knew they lived on borrowed time, and they focused on what was most important to them as they were at the end of life. They did not spend their time gossiping, nor complaining, nor did they sweat the small stuff that was happening around them. Instead, they were authentic, with raw honesty as they told their life stories with meaning and purpose to be shared with others. They became more spiritual in their demeanor and conversations, whether they had been believers before or became believers as they faced their end on this side of heaven. In my ministry, the dying patients came to seek the God of the Scriptures before they died. Some waited till the eleventh hour, but before they took their last breath they put their trust in the One who created them. Some had been believers their whole lives, and had lived their lives with the promise engraved on their hearts knowing their eternal destiny. In the end, their deaths were most of the time very serene

and peaceful. God's real spiritual presence of love was felt with the dying patient, and it was also felt around the deathbed by those who were present.

It was a privilege to be present with the dying. When their time came to die, they were ready to die, often saying, "I am ready go." Although they had not always been ready to go, when the time came, they did so with peace and hope. My role as a chaplain was to help prepare people to be at peace, accept the inevitable, and for them to die with their wishes being followed and accepted by all, especially by their family members who often had a very difficult time with letting go of their loved one.

In my role as chaplain, I came alongside all the end-of-life patients from the time they were admitted to the hospital till the very end when they died or were discharged to hospice care to go home. Most end-of-life patients died on comfort care in the hospital, although they had expressed that they wished to go home to die. Few did go home to die, as their family members were not ready to let go of them, and therefore chose full aggressive medical care till the very end. That was mostly because they had never engaged in a conversation about death and dying with their families. My hope and deep desire is that this project can change the culture, one conversation at a time, to begin to talk about a topic that is taboo.

Part of my role was to help and prepare all end-of-life patients to die with dignity, respect, and be at peace with the end. Everyone deserves to die well, and I was the voice for the voiceless. It was not an easy task to see to it that their wishes were being followed; the challenge was mostly due to the patient's family members who had a difficult time letting go of their loved one. Mostly they wanted everything done to the patient, even when it was against the patient's own end-of-life wishes. It is of the essence

for a patient to die well and have their voice heard, even when they can no longer speak for themselves. My role was so much more than that of a chaplain. I was their midwife for their end-of-life journey, walking beside them and guiding them on the narrow pathway toward eternal peace. God was with me as the shepherd guiding me forward, and I was never alone in my ministry.

Often a chaplain's role has been defined as the ministry of presence; we are not there to proselytize to our patients but to listen to and hear the patients. We are not there to talk about ourselves; we are there to listen to what the patient is saying, or what they are not saying about their illnesses and end-of-life path. It is a spiritual path, and it is God's spirit through me that provided my end-of-life patients with compassionate presence, listening to their stories, prayers, providing rituals and sacraments, and providing space for public and personal worship.[2] If a patient had a faith community, I would reach out to that faith community for support as long as the patient had given me permission to do so. There were patients who asked me to not contact the clergy of their own faith community, as they believed their personal clergy and faith community would judge them for having been diagnosed with an illness or disease, so they declined any visits from those religious communities. I believe that all people benefit from having a chaplain present with them during their end-of-life journey, whatever their faith belief system is based on. A chaplain is not about providing religiosity of some sort. It is about a very close and natural relationship with our God who created us in his image, and who is providing new life for us as we die from this life.

[2] Robert C. Dykstra, ed., *Images of Pastoral Care: Classic Readings* (St. Louis, MI: Chalice Press, 2005), 208.

I have witnessed my end-of-life patients turn to God and put their trust in him before they die. No one but God knows the reason they waited until they reached their deathbed. I believe that the ultimate healing is from God, and since we have all been created in the image of God, we are born into this world with a longing for a rebirth of life. We were made for eternity, and we have the longing for a rebirth of compassion, of meaning and purpose in our individual and communal lives.[3] God is the one who delivers new life to my end-of-life patients, and I have been present to witness them receive new life after this life. I report what I have witnessed to my congregation though preaching the Gospel of good news for all. There is hope after all.

I brought this hope in Jesus wherever I went. It came with me when I was an active member of the Bioethics Committee of the hospital, when I attended all family conferences, as well as when I did the intensive care unit (ICU)'s daily multidisciplinary rounds. I was in the trenches with not only my end-of-life patients and their families, but also with all the hospital staff and doctors. They were my colleagues, and together we all desired what was best for the patients; we practiced patient- and family-centered care together as a team. I was their hope giver. I was more than a hired staff chaplain; I was a midwife. In America, it is standard protocol to have a medical doctor deliver babies in the labor and delivery unit of a hospital. In my birth country of Sweden, the labor and delivery units do not have doctors; instead they have midwifes deliver all the babies, and they are referred to as *barnmorska*. It has been said that this has created a warmer and more natural environment for babies being born into this world, and it has also been a positive experience for the parents. A midwife comes alongside the mother during the

[3] Dykstra, *Images of Pastoral Care*, 208.

pregnancy and helps her prepare for the birth. The mother is not alone in her pregnancy; there is a midwife walking with her who is ready to help and prepare for the eventual delivery and birth. It is like being on a spiritual journey, walking together to help and to prepare for a new thing.

God can be viewed as a midwife delivering a new creation, and a new people. God delivered a new thing through Jesus when he called out to a dead Lazarus to come forth as he delivered Lazarus from death to life.[4] The Scriptures are filled with images of God calling out his people to deliver them out of suffering. God called his people out of slavery in Egypt and walked with them as he created a new thing. Still to this day, we are waiting to be delivered for the new kingdom and the new earth. God is walking with us as our spiritual midwife to guide us for the delivery and birth — a new thing is coming.

As a midwife, I walk with people who are at the end of their lives. People suffer unnecessarily when they are unprepared for the end of life. When people suffer, chaplains are there to midwife them through their journey of suffering, guiding them toward the end of life, and often there is not much time left. For some end-stage disease patients who came to the hospital, they were shocked to find out they merely had a few days left to live. To guide people through the journey of suffering on a short timeline is a challenge. As a spiritual leader, I guide them on a journey to a new thing of hope. The only hope humanity has is the hope of Christ; all other hope is futile. Even if an end-of-life patient was not of Christian faith, my role was to provide them with the space for them to see a spiritual dimension of their diagnosis, illness, or dying process. We are spiritual beings with a human experience, and whatever the circumstances were for the patient to come to

[4] Dykstra, *Images of Pastoral Care*, 204.

the emergency room, they deserved to receive spiritual healing so they could see a new thing with a new understanding of who God is.

Often, patients have shared with me that although they believed in God, they had been hurt by someone in a church and they did not want to return to a church. They felt judged by church folks, or wronged by clergy, and they would decline my offer to contact their home church or house of worship for a visit. I did not find that my patients were against God, or Jesus. They were against the so-called religious people in the church. They were not against being prayed for, hearing God's word, or having deep spiritual conversations about everlasting hope in Christ. I believe we have to create safe space for one another to listen, to hear and to engage in healthy conversations about whatever the topic is. How do we do that without being prejudiced towards each other? By not having to be right about everything. This life is not about us; it is about keeping our eyes on Jesus. When we can see the face of Jesus in the person we are talking to, we can become witnesses that this is not about us; it is about following Jesus from this day on, into eternity. We cannot turn away from such an important task as having conversations with our loved ones about death and dying, and making sure they know what our end-of-life wishes are for when that time comes. Because that time will come one day.

We must die to ourselves before there is hope. We cannot be at peace before we find this hope. We cannot reach eternity without first having physically died. There is a new life waiting for us. As a midwife, I listened to my end-of-life patients' stories, and they were filled with both lament and joy. That was the legacy they left to their loved ones before they took a new journey that was waiting for them.

Some of us came into the world with the assistance of a midwife, and at some time, we will leave this world with the guidance of a midwife. In the end, when we look back over our lives, we might see that the biggest challenge we faced was the time we lived here in this world with the reality of suffering, pain, racism, sexism, wars, terrorism, hatred, abuse, and injustice, among many other issues. Yet we become submerged in it, and we do not want to let go of this life. We even make it taboo to talk about death and dying. Perhaps the reason is that we live in an upside-down world where right is wrong, and wrong is right. We must not forget that we are citizens of God's kingdom; we have values that might be different from the times we live in.

"But our citizenship is in heaven, and it is from there that we are expecting a Savior, the Lord Jesus Christ. He will transform the body of our humiliation that it may be conformed to the body of his glory, by the power that also enables him to make all things subject to himself" (Philippians 3:20-21 NRSVUE).

Paul calls us "citizens of heaven," which has been misunderstood by some believers to mean that we are just waiting with our bags packed until we can go and live in heaven, where we belong. That's not what Paul is saying here. He's not talking about heaven, the afterlife as a destination where angels wearing halos play harps while lounging on pillowy clouds.

No, Paul refers to heaven as the fullness of the reign of God — right now. Our citizenship will not *be* in heaven, it *is* in heaven. "We are expecting a Savior, the Lord Jesus Christ," not only in the future, but also in our present. Christ transforms our bodies now, transforms our whole lives as they unfold. It is the "already but not yet."

We are reborn and made for eternity, as God's kingdom will come from heaven to earth. We do not have to fear death, because our lives are with God in the new heaven and earth. We live with a new hope, new values, and new life. That is the reason the topic of death and dying is taboo, because it opens the new pathway to God. I declare that now is the time to talk about it, and when we do, it will turn this world right side up. With God, everything is possible.

Recently when I attended a family event, there were other people there whom I had never met before. Someone asked me what was the last book I read that had made an impact on me. I replied to her, "It was a great book: *On Death and Dying* by Elisabeth Kubler-Ross." She looked at me as if I had two heads and replied, "That is terrible," and walked away. Another person came over and asked me, "So what do you do for a living?" I decided to be honest and said, "I am a chaplain and pastor, and I minister to people as they are dying." "Yikes, don't talk about that." Sometimes it is easier to keep my vocation a secret from people when they ask me what I do for a living. However, once people know me and my vocation, they become more open to the concept of death and dying and desire more conversations about it.

People tend to avoid conversations about death. Lawrence R. Samuel confirms this:

> Death and dying became almost unmentionable words over the course of the last century, topics not to be brought up in polite conversation. The notion of one day disappearing is contrary to many of our defining cultural values, with death and dying viewed as profoundly "un-American" experiences. The rise of the self has made it increasingly difficult to acknowledge the fact that our individual selves will no longer exist. We need to come to terms with mortality if we are to avert a major social crisis over the next couple of decades.[5]

[5] Lawrence R. Samuel, "Death, American Style," *Psychology Today*, June, 2013, https://www.psychologytoday.com/us/blog/psychology-yesterday/201306/death-american-style

In my ministry, I have helped terminally ill patients die with peace, and most of the time it was a beautiful death with the patient having closure. To die can be difficult, but it is even more difficult to be left behind after a loved one has died. When a patient died, I helped their family and loved ones to cope with their loss so that they could grieve appropriately. I was often the last person to have a conversation with the patient before they transitioned into eternity to be with God. It felt like being on sacred ground, being with individuals as they took their last breath on this side of heaven. It was a privilege to be present with people when they died as their surroundings became a holy space filled with peace of a divine origin. People often died the way they had lived their lives: If they had lived a life with their family and friends around them prior to their death, then those loved ones were there when the patient died. If they had lived a life in solitude, so they also died, alone in solitude. What they did have in common was that they had gained much wisdom from having lived life. They had learned lessons from the hard knocks of life, and they shared those lessons with me. I have learned much from what the dying shared with me on their deathbeds. We can all learn from their lessons in life. It became their final gift to those they left behind.

Henri Nouwen writes in his book *Life of the Beloved* that, yes, there is such a thing as a good death.[6] We are responsible for the way we die. Nouwen explains that there is more than one way to view dying — there are two different viewpoints. Dying becomes a problem if we refuse to let go of life, and instead cling to it. Then death becomes like a failure to us. What I have heard from my patients echoes Nouwen's viewpoint. When people have come to terms with their own mortality, they tend to have a

[6] Henri J.M. Nouwen, *Life of the Beloved* (Chestnut Ridge, NY: Crossroad Publishing Company, 1992), 118.

better end of life, and dying becomes part of their lives. It is an ending to a life lived well. They have embraced and accepted that their lives will eventually have an ending, at least on this side of heaven. When we use up much of our energy and time on going against nature by trying to avoid the inevitable, it becomes a losing battle. We cannot live life forever as we have come to know it here, so we are better served by accepting the fact that there is a time to die. A well-known and loved text found in the Old Testament is from the Book of Ecclesiastes. It depicts the seasons of life in a beautiful way. Individuals at their end of life often request this text to be read out loud for them, in preparation for their death. They have told me that these words gave them much comfort.

> There is a time for everything,
> and a season for every activity under the heavens:
> a time to be born and a time to die,
> a time to plant and a time to uproot,
> a time to kill and a time to heal,
> a time to tear down and a time to build,
> a time to weep and a time to laugh,
> a time to mourn and a time to dance,
> a time to scatter stones and a time to gather them,
> a time to embrace and a time to refrain from embracing,
> a time to search and a time to give up,
> a time to keep and a time to throw away,
> a time to tear and a time to mend,
> a time to be silent and a time to speak,
> a time to love and a time to hate,
> a time for war and a time for peace (Ecclesiastes 3:1-8 NRSVUE).

We cannot avoid a time for dying; it will take place for all people. Most people tend to avoid engaging in conversations about the topic of death, as it brings up feelings of their own mortality. The current culture of being silent regarding one of the most significant events in our lives leaves people fearful and uncertain about it. It leaves us with an unhealthy outlook and makes us confused towards our end of lives. It is my strong conviction that this mindset needs to change. Death can be a beautiful thing when

embraced and accepted as part of life. Clergy, social workers, physicians, and nurses must begin to have the conversation about the end-of-life care with all terminally ill patients before they have reached their deathbed. Those who are at the end of their lives are being denied the opportunity to have a peaceful experience when they die, and their families are denied the gift of having end-of-life conversations where they can be at peace and have a hopeful and meaningful experience.

The current culture's avoidance of conversing about this topic leaves people feeling confused and fearful about the unknown. I have encountered patients who at the end of life are stressed and anxious about dying. When a patient is not prepared for dying, the family and loved ones tend to have a similar experience with it. They have avoided talking about their death and have not made their wishes known to their loved ones. Having no plans for the inevitable makes it a mystery, and that made them feel anxious, angry, and resentful when one day they approached their end of life. When a patient was not prepared to die, it was because they had never had a conversation about it, nor had they planned for it. That made them feel powerless and helpless when the time for dying approached. That also led their families and other loved ones to have complicated grief after the patient had died. I came to find that it was not only the patients and their families that avoided conversations about the end of life, but it was also doctors and medical staff who avoided the topic of death and dying. In my experience, the doctors deferred a death conversation to the medical facility's staff chaplain. "Chaplain, you tell them they are dying," they often said to me as they rushed out the double doors of the ICU. "After you tell them they are dying, please set up a conference with the family." Doctors might be realistic about death and dying, but they still avoided to have the

conversation with their end-of-life patients. In all my conversations with my end-of-life patients, I never spoke about dying without also speaking about the hope of Christ in dying. We are hope givers, and that makes all the difference to have a good death — it is a spiritual transition.

End-of-life patients deserve to have a good death and be at peace about their end of life. That will also help their families cope better with grief. There have been many studies about what helps end-of-life patients have a good death, and what obstacles they are concerned over. The following list shows what they are mostly concerned about:

1) Suffering from pain (pain management).
2) Decision making.
3) Being a burden to others.
4) Prolonging the dying process.
5) Strengthening relationships with loved ones.
6) Losing control of self.
7) Preparation for death.
8) Coming to terms with their end of life.
9) Peace with God.
10) Forgiveness of self and others.
11) After care completed.
12) Contributing, leaving a legacy.[7]

These concerns often came up during my conversations with the patients. If these concerns were not addressed, the patients internalized them, and that created less peace

[7] Terry Barnett, "A Good Death: What Does That Look Like in a Culture That Is Death-Phobic?" (DMin project proposal, New York Theological Seminary, 2018), 10.

within them. They became anxious instead of being at peace. I have found that it was often a good beginning to engage in addressing these concerns when the patients were introduced to an Advance Directive, Five Wishes, or a Physician Orders for Life-Sustaining Treatment. These documents are for the planning of a future event when a patient makes their end-of-life wishes known ahead of time to their families and involved health care providers. It is a legal document that only goes into effect if the individual is unable to speak for themselves. It helps others to know what type of medical care they prefer towards their end of life. It allows them to express what their values and wishes are for their end of life. It helps the terminally ill patient to feel less anxious and fearful, and instead be at peace with their end-of-life journey. Family members do not have to worry about what to do, or what not to do, except to follow the wishes of the patient. The family then follows the wishes of the dying patient even when the patient is not able to speak up for themselves. They already have made their end-of-life decision, and they have had a healthy conversation with their family members about that, so no one has to guess about such an important decision. They have already had conversations about it long before the patient was at the end of life. An Advance Directive promotes healthy conversations about death and dying.

Elisabeth Kubler-Ross wrote that as far as we know, we are the only species aware of the inevitability of our own death. We know that we eventually will die, and that creates anxiety within us. We see this from early childhood when we realize that at some point, we will die, and not only will we die but those around us will die someday too. That is the beginning of anticipatory grief, the fear of the unknown, the pain that we will

someday experience.[8] We live most of our lives with anticipatory grief knowing that eventually there will be a time to die for not only a few, but for ourselves, and for all our loved ones as well. Yet, we do not talk with each other about it, even though we all have this inner awareness that it will take place one day.

Many of my end-of-life patients had an inner awareness that the time of their death was coming closer, and this knowledge gave them a sense of peace, when they had embraced and accepted that their end was close. I have found that dying people's awareness of the spiritual side of life becomes very evident as they begin to have visions and even conversations with loved ones who have died before them. These encounters were very peaceful and brought calm and serenity to not only the dying person, but also to their loved ones who found comfort in knowing there is another life waiting for them. There is love, peace, and hope waiting for them as they leave this life and pass on to the next. There is life after life.

The individuals began to prepare for their afterlife, and they had conversations about their faith in God with the belief that they would encounter their loved ones who had gone before them to eternity. I have been at the bedside of dying patients when they began to have conversations with others who had died years ago. One of my patients even introduced me to his dead parents, whom he said were standing next to me in the hospital room. The patient carried on a conversation with his dead parents in the same manner that he carried on the conversation with me. It was a very peaceful conversation, and although I was not able to see the patient's parents, their spiritual presence was peaceful, and it provided much calm to the dying patient.

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[8] Elizabeth Kubler-Ross, *On Grief and Grieving* (New York: Scribner, 2005), 1.

I have found great comfort in the words of French philosopher Pierre Teilhard de Chardin, "We are not human beings having a spiritual experience, but we are spiritual beings having a human experience."[9] Deep down in our souls, we know that we were created for something more than living on this earth for a short amount of time and then just dying into nothingness. There is more waiting for us after this life. God created us with the spirit of eternity within our souls; we were made for eternal lives to live with Jesus face to face.

Maggie Callanan and Patricia Kelley, in their book *Final Gifts*, write that dying people may see and speak with religious figures, and they may feel warm, peaceful, and loved by seeing a bright light or another place. Some people come to a good understanding of the meaning of life, and as they come to realize that they are dying, they do not feel fearful. If they have any concerns, it is for the people they leave behind.[10] Often dying patients begin to have conversations out loud with loved ones who died years ago. It is as if they look forward to seeing their loved ones again in their next life.

I have had the privilege of hearing numerous accounts from people who have had near-death experiences. Their stories are remarkably similar to one another, even though they have never met. The common denominator is that they have had an experience during a time in their lives when they were close to death and then came back to this life. People were often hesitant to share their stories of a near-death experience due to being fearful they would be labeled as unstable or crazy. The reality is that people do have near-

[9] Ray S. Anderson, *Exploration into God, Sermonic Meditations on the Book of Ecclesiastes* (Eugene, OR: Wipf & Stock Publishers, 2006), 47.

[10] Maggie Callanan and Patricia Kelley, *Final Gifts* (New York: Simon & Schuster, Inc., 1992), 15.

death experiences, and when they told me their stories and described the encounters, they all had remarkably similar experiences with the afterlife and it provided them with peace about death and dying. Dr. Raymond A. Moody writes, "for what we learn about death makes a big difference in how we live our lives. We cannot fully understand this life until we catch a glimpse of what lies beyond it."[11]

A story about a near-death experience can be helpful to someone who is preparing to die. It was helpful to an elderly man whose wife was coming close to her end of life. The man was unusually calm and peaceful, even though he had been told by the ICU medical team that his wife was in the dying process and did not have long to live. He said, "I have never told anyone my story. You are going to think that I am crazy when I tell you this." I had heard this before from others, and I knew before he told me that he must have had a near-death encounter. I was right. He told me that during his younger years he had a near-death experience.

He said, "I died and went to heaven." He told the story about having seen a bright white light and walking through a long tunnel. He was embraced by an amazing peace and love that he had never experienced before in his life. He said, "I saw the face of Jesus and I felt loved and at peace." The man had not been a Christian until that moment when he encountered Jesus, and it changed his life, he said.

That near-death encounter that the man had experienced earlier in his life was now helpful to him as he faced his wife's imminent death. "I know where she will be, and I will see her again when it is my turn to go," he said. "Jesus will take good care of her. She will be loved." The man took comfort and was at peace after having had a near-death

[11] Raymond A. Moody Jr., *Life After Life* (New York: Harper Collins Publishers, 2015), 74.

experience. The man's story was filled with hope, peace, and love and was overflowing with God's loving promise. The Bible provides much comfort that there is more to life than what we can see here in front of us.

> But we do not want you to be uninformed, brothers and sisters, about those who have died, so that you may not grieve as others do who have no hope. For since we believe that Jesus died and rose again, even so, through Jesus, God will bring with him those who have died. For this we declare to you by the word of the Lord, that we who are alive, who are left until the coming of the Lord, will by no means precede those who have died. For the Lord himself, with a cry of command, with the archangel's call and with the sound of God's trumpet, will descend from heaven, and the dead in Christ will rise first. Then we who are alive, who are left, will be caught up in the clouds together with them to meet the Lord in the air, and so we will be with the Lord forever. Therefore encourage one another with these words (1 Thessalonians 4:13-18 NRSVUE).

I preached a sermon from Paul's letter to the Thessalonians to my elderly congregation, some at the end of life. They told me after they heard the sermon that it had provided them with a new hope. This hope is not made by Anette; instead, it is from God's word through Jesus, and it is for all who want to hear. Paul did not say we were not going to experience grief, because we will. However, he said that we grieve with hope knowing that one day our grief will be turned into joy. Jesus shall come back to unveil God's new world, where all those who have already died will be, including our loved ones who have died. We, too, who are still alive are included to receive renewed bodies in God's new creation. We will be reunited with our loved ones who have gone before us. With God there is always hope, and this hope sustains us and comforts us in our dying and in our losses. This hope is in the promise of the resurrected Christ who shall come again. This hope is not just something we wish for in the future, this hope lays claim on our lives right here and now. That makes a world of difference for how we live our lives,

how we die, and how we grieve our loved ones. This new hope is what distinguishes believers from others.

The message is about having comfort in Jesus during times of sorrow and grief. We are not going to hang out in some midair heaven or some kind of tribulation movie that leaves us behind. This message is about Jesus coming back to set up his new kingdom here, and we will be reunited with those who have died in Christ. It is about how we live life in the here and now while waiting for Jesus to return. The journey of life can be like an emotional roller coaster with its ups and downs, and it can be a difficult journey at times. The 23rd Psalm beautifully describes our lives with the reality that we live in the shadow of death; there is going to be grief in our lives. But we do not go through this journey of life alone. God is with us, guiding us through to the very end when we go into the house of the Lord. Your eternal destination is to be with God for all of eternity. We can look forward to the Lord's appearance, believers will be transformed, our loved ones who have already died will be raised, and together we will be made new. When my congregation heard the sermon on Thessalonians, they received the assurance about the hope of life eternal, hope for today and for the future in Christ. They listened and they heard that hope in Jesus is already here now to live for. They said the fear of dying was removed from their thought pattern, and they were open to more dialogue about it. One elderly woman came to me with a big smile on her face as I greeted her by the church door. "I don't know why I was scared of dying," she said. Martin Luther King Jr. wrote about the importance of bringing our fears out into the open so that we can put them into perspective. He said, "By bringing our fears to the forefront of consciousness, we may find them to be more imaginary than real. … Fear involves the misuse of the

imagination. When we get our fears out in the open, we may laugh at them, and this is good."[12]

We must create more opportunities of safe space where we engage in conversations about death and dying. It helps people to overcome their fears and embrace hope instead. I noted that people who had near-death encounters had overcome any fear they might have had about dying. That was the case with the man who shared with me his near-death experience. As his wife was dying in the hospital, he felt peaceful about her imminent death because he was reassured about her transition for eternity. He felt reassured that she would be at peace and that he would one day be reunited with her again. That firsthand experience brought him hope, and he was able to grieve well after the death of his wife. By being at peace about his wife's death, he became a peaceful presence to his wife as she died.

It is a privilege to be present with an individual as they transition into the next. There is a time of sacredness, no matter where they are in their faith journey. Some people had a strong faith in God, some had no faith belief system, and some came to faith in Christ in the eleventh hour. It was not about what the dying person believed about God; it was about who God is, and what God is able to do right before people died. God's grace is bigger than humanity.

My ministry reminds me of an ancient French proverb that states, "To heal sometimes, to remedy often, to comfort always." I provided spiritual care and emotional support, regardless of a patient's faith belief system, religious identification, or lack of religious affiliation. As Dr. Christina Puchalski has said, "Spirituality is the aspect of

[12] Martin Luther King Jr., *Strength to Love* (Philadelphia, PA: Fortress Press, 1963), 118.

humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred."[13] To provide spiritual care is to be the bearer of comfort to the soul as it creates a sacred space for God's healing presence.

The patients who were close to their end of life often took comfort through familiar religious artifacts from their own personal faith tradition if they had one. Those artifacts can be tangible items with symbolic importance that reflect their culture's values and norms, such as holy texts, rosaries, a cross, or a crucifix with Jesus on it. There could also be taped recordings of chanting, ceramic angels, holy water, and statues of saints. Not only did this bring comfort to the patients, but it also gave comfort to their loved ones. After the patient's death, their loved ones held onto those religious artifacts for memorabilia.

The primary request that I received from patients and their loved ones was the request for prayers. Even patients who had identified themselves as being atheists often requested prayers. Prayers bring peace and hope to people. Even physicians and hospital staff frequently asked for me to come and offer prayers for them, especially prior to a patient's withdrawal of care. I agree with Henri Nouwen as he writes, "The real work of prayer is to become silent and listen to the voice that says good things about me."[14] I believe that prayers are the words of love from our loving God, which brings love to all human souls. The effect of having been prayed for is that of a deep sense of wellbeing that all is well with our soul. That brings peace to those who are preparing to die.

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[13] Christina Puchalski, M.D., quoted in Louise Delagran, "What Is Spirituality?," https://www.takingcharge.csh.umn.edu/what-spirituality (accessed Nov. 27, 2023).

[14] Nouwen, *Life of the Beloved*, 76.

When an individual was at their end of life, they had a sense of peace about them and would say, "I am tired. It is time to let me go." They did not see death as an enemy, but viewed it as the freedom to let go and be set free from suffering and pain. Once a person makes an inner decision to let go and surrender their lives into God's peace, there is a visible shift that makes them look forward to being set free from this life. Their journey continues to a new place where there is no suffering or pain. There is a place where death no longer exists, where new life begins with the freedom from temporary life (Revelation 21:4 NRSVUE).

Yet, as a society, people tend to avoid having conversations about the inevitable as if that will make it less real. When the topic of death is taboo, death becomes something mysterious that needs to be avoided and that makes people fearful. The reality is that people feel relief after they have conversations about death, as well as making plans for the inevitable with advance care planning. Yes, there are things in life that people can have difficulty discussing with each other. However, the topic of a person's end of life is something that most people avoid completely.

It makes people anxious to talk about their end of life. The finality and uncertainty that surrounds death can be frightening, even for people of faith. Most people put it out of their minds. Attending funerals, seeing headlines about a recent tragedy, or having a health scare can put a bright spotlight on death. While the idea of living every day as if it is your last might sound great in a song, a constant awareness of death can leave most people feeling anxious and uncomfortable.[15] With the recent COVID-19 pandemic, the topic of death and dying was forced to the forefront, and it can no longer be avoided. It is

[15] Ashley Gerwig, "Why We Don't Talk About Death (But Should)," https://www.legacy.com/advice/why-we-dont-talk-about-death-but-should (accessed Nov. 28, 2023).

time for us to have conversations about the end of life, and how we can die with hope as we transition into life after this life. The conversation must take place, but most people do not know how to begin a conversation about death. There can be many reasons for avoiding the topic: They have unfinished business that they were planning to do. They had not yet taken an overseas trip they had been dreaming about their whole life, or perhaps they didn't have enough money for a down payment on a home they had wanted to buy. Having an end-of-life conversation can bring up things that they had planned to do, but that never happened. Those thoughts can lead to feelings of sadness, loss of hope, and grief over what was not to be. Those feelings need to be validated, yet the conversation about death should not be avoided because of it.

If we could view death as a natural experience by allowing our loved ones to die at home, we would be more accepting of the inevitable. People do not want to die in a hospital because it is away from their loved ones, and it is sterile, cold, and an unfamiliar setting. Dying at home is what most people wish for. Yet, individuals are brought into the hospital to die when they are close to the end of life. Some individuals have never been in a medical facility until they arrive towards the end. They are being brought into the hospital to die, but most of them do not want to die in a hospital. Studies have shown that 80% of Americans would prefer to die at home, if possible. Yet "eighty-five percent of deaths in this country occur in medical settings (hospitals, nursing homes, skilled facilities); fifteen percent of that eighty-five die in intensive care units."[16]

America is a death-denying society, and there needs to be a systemic change in our culture. Just because the hospitals have the medical technology to prolong life does

[16] Charles Meyer, *A Good Death* (Mystic, CT: Twenty-Third Publications, Bayard, 2000), 1.

not necessarily mean that is what the patient wants for their end of life. From my experience, most of the terminally ill individuals who were admitted into the hospital were already in the process of dying, but they ended up on life support in their final hours. It did not restore their life; instead, it prolonged the dying process. Society needs to change the system by beginning to have open conversations about dying.

Even clergy of the church avoid the topic of death and dying. Some years ago, a Christian pastor invited me to guest preach at his church. As the preaching event approached, the pastor requested my sermon text and topic, which I emailed to him. The Scripture reading that I had chosen to preach from is one of my favorite texts, 1 Thessalonians 4:13-18. My sermon title was "Hope After Death."

The pastor called me once he received the sermon text. This Southern California pastor was quite upset as he yelled at me, "You cannot preach on such a depressing topic as death at my church. People will be very upset if you start preaching about death and dying." He went on to say, "People are happy here; you are going to make them fearful if you preach on this."

We had a long conversation, mostly him telling me how depressed it would make the congregation to hear about hope after death. I disagreed with his opinion and encouraged him to read the Scripture text from 1 Thessalonians, as it is a very hopeful reminder of the beautiful life we receive after death. It is a promise from Jesus. I also had a story as part of my sermon about a patient who had a near-death experience, and the peace she received from that experience. The pastor said that he was sure he would receive a lot of complaints from his congregation about my sermon upon his return from vacation.

I went ahead with preaching on the text against the recommendation of the pastor. After the church service was over, the people from the congregation lined up outside the sanctuary door to express their gratitude for my sermon about death and dying. One by one, they shared how the sermon had given them peace, as well as hope. It made them feel hopeful, as comments from several of the older people confirmed:

"That's exactly what I needed to hear today."

"Good to hear there is nothing wrong with getting older and eventually dying."

"It made me feel normal and valued to be closer to my end of life."

"Yesterday I was diagnosed with cancer, but now I am not fearful anymore."

"I feel hopeful again."

The pastor called me once he returned from vacation. He said, "I am surprised, but the congregation apparently enjoyed your sermon about death and dying." He might have been surprised, but I was not. Everyone, at some level, is aware of their mortality, but they do not know how to engage in conversations about it. Henri Nouwen writes that learning how to die has something to do with living each day in full awareness that we are children of God, whose love is greater than death.[17]

There is a time for everything; we come into this world through birth, and we leave it through dying. That is a guarantee in life that cannot be avoided. One is celebrated, but the other is taboo to talk about. Yet, they are equally unavoidable. Once we embrace death as an organic part of our lives, we can live with more meaning and purpose as we learn from the wisdom of those who are dying. That is the biggest gift we can receive. Death is a journey into the next, where new life begins.

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[17] Henri J.M. Nouwen, *Turn My Mourning Into Dancing* (Nashville, TN: Thomas Nelson, 2001), 100.

My theological focus is that God loves everyone, and we are all made in the image of God. There is more to living life as we have come to know it here; there is a new life after this life. There are many biblical texts that give us this reassurance. For example, the text in the book of John where Jesus speaks with Martha brings great comfort and hope. He said, "I AM," which means that we can live our lives here and now in Jesus' resurrection and life. We already have a new life. That is the hope in dying as we transition into eternal life.

> Jesus said to her, "I am the resurrection and the life. Those who believe in me, even though they die, will live, and everyone who lives and believes in me will never die. Do you believe this? (John 11:25-26, NRSV).

I believe that the stories of the near-death encounters and the dying patients can give others comfort and peace about the topic of dying. The lessons are life affirming and give hope and peace for the soul. As long as this topic is taboo, people will remain fearful and avoid planning for their end of life. When people can accept the inevitable as being an organic part of life, by having conversations about it, their fear is replaced with peace.

The COVID-19 pandemic brought a sense of urgency to change the current culture's taboo about death and dying in America. The individuals who are close to the end of their lives feel hopeless and fearful, all while their loved ones struggle with how to cope and grieve after their loved one dies. They live feeling hopeless. The silence can no longer be sustained. The topic needs to be normalized by providing a preaching series required for clergy. It might not be what most clergy would prefer to talk about on Sunday mornings; however, I believe that as a Christian leader in the church, the time is here to focus on how we can be better prepared for our end of lives to avoid unnecessary suffering. We must bring the light of Jesus to the forefront by talking about things that

affect everyone, everywhere. To love people the way Jesus loves us is to bring healing to every corner of the world. As Nouwen wrote more than 30 years ago, "The leaders of the future will be those who dare to claim their irrelevance in the contemporary world as a divine vocation that allows them to enter into a deep solidarity with the anguish underlying all the glitter of success, and to bring the light of Jesus there."[18]

In this project, I developed a sermon series for clergy that removes the taboo from the topic of death and dying by using hopeful Scriptures as well as real end-of-life conversations anchored in God's hope for the afterlife. I shared the stories told to me by those who had near-death encounters and how they were at peace about their loved one's death because they had been face to face with Jesus. That provided them with peace about eternity. I also developed and taught a three-week workshop on death and dying. I produced "The Best is yet to Come" workshop series with a PowerPoint presentation with educational emphasis on the topic of death and dying in hope. As part of the workshops, I created a safe space for the attendees to participate in conversations about death and dying in a very safe and welcoming environment where everyone was encouraged to participate in the weekly "Table Talk" around the round tables set up for the workshops.

The church members and local communities were invited to come and participate in the three-week workshop as they engaged in healthy conversations about death and dying. The feedback from the attendees at the conclusion of the workshop was that it had brought them much hope and peace about death and dying. They had found that the workshop had been of great benefit to them, as it had removed the taboo and normalized

[18] Henri J.M. Nouwen, *In the Name of Jesus* (New York: The Crossroad Publishing Company, 1989), 35.

the topic of death to be a natural event. To my surprise, it even had brought them joy as they had engaged and shared in the conversations about death and dying during the Table Talks.

CHAPTER 3
THEOLOGY OF HOPE

All humans are made in God's image, and there is more to life than what we have experienced while living on earth. When we approach the end of life, how can faith provide us with the hope that there is more to come after death?

I went to a friend's funeral today. She was too young to die and left behind her husband and two little girls. My friend was a believer and had faith in Jesus in the resurrection power that she too would be resurrected. I believe that she is with Jesus right now at this writing. She had hope though her faith. Yet she died when she was out walking her dog one afternoon, and suddenly was hit by a truck. It was a horrible and tragic accident that left two little girls motherless, and grief stricken. In times of evil like that of accidents, deaths, despair, suffering, wars, terrorism, brutality, abuse, famine, and catastrophes, there is the reality that evil does exist in this broken world. It feels hopeless. And where is God during suffering and death?

God is with us right here and now. The Good News of the Gospel is that the same God who created us is still with us, even during death and dying. Paul told the Corinthian church that we live by faith in God, and we keep our focus on God. We do not focus on what we can see, because then it would not be by faith. Faith is to believe what we cannot see, and we trust that God is with us always:

> So we do not lose heart. Even though our outer nature is wasting away, our inner nature is being renewed day by day. For our slight, momentary affliction is producing for us an eternal weight of glory beyond all measure, because we look not at what can be seen but at what cannot be seen, for what can be seen is temporary, but what cannot be seen is eternal (2 Corinthians 4:16-18 NRSVUE).

Life is temporary on this side of heaven, and as we have been created by God, we have also been given freedom of choice on how we live our own lives. We can choose to live by false hope, which is what this broken world has offered us. But if we do live by false hope, it will be crushed every time a young mother dies in a tragic accident while walking her dog. That would be living in a nightmare if we chose to live by false hope. False hope is temporary, just like life is temporary. False hope is man-made.

True hope in God is everlasting and gives meaning and purpose while we live here. It gives us freedom as we live for something greater than ourselves. We can choose to surrender our lives and live for God, the one who created each one of us in His own image and breathed life into us. The one who knows us inside out and the one who loves us so much that he became incarnated in Jesus Christ so that we do not have to die, but that we can be forgiven of our sins and receive new life in Christ right here, and for all of eternity. That is the only true hope that we have as humans; everything else is false hope. As people of God, we live though our faith for the everlasting hope that has already taken place but is not yet fulfilled. There is more to come that we have not yet experienced.

> Christian faith is expectant faith. It eagerly awaits the completion of the creative and redemptive activity of God. In the language of Scripture and creed, Christians hope and pray for the coming of God's kingdom in Matthew 6:10, and for a new heaven and a new earth in Revelation 21:1, and for the resurrection of the body and the life everlasting in Apostle's Creed, for the final triumph of God over death and all the forces that resist

> God's will and disrupt the creation in the Confession of the 1967 PCUSA.[19]

To live in this broken world as the people of God with the hope of God imbedded in our souls is through faith that the best is yet to come for us. Yes, there is death and dying in this world, and we too will die one day. But dying provides for a new life and God has been and is still doing a new thing for us, and in us. So, we keep our eyes focused on the true and everlasting hope of God, not of this temporary world of sin and suffering. God came into this world to set us free from sin and death; He is still here with us through the Holy Spirit and He will come again to set up the new kingdom here.

Jesus told us how to pray. We pray this prayer every Sunday in church during our time in worship:

> Pray, then, in this way: Our Father in heaven, may your name be revered as holy. May your kingdom come. May your will be done on earth as it is in heaven. Give us today our daily bread. And forgive us our debts, as we also have forgiven our debtors. And do not bring us to the time of trial but rescue us from the evil one (Matthew 10:9-13 NRSVUE).

God is still here with us; He did not leave us to fend for ourselves, and the kingdom of God will be set up here one day soon, very soon. As believers we look with hope to the presence of eternity, but we also acknowledge that we already have eternity built into us in our souls. Yes, we look forward to the coming glory of God's fulfillment of the promise through the Gospel of Christ. However, we must remember that God is already present here with us, and by faith we already have the hope of God available to us in the here and now. So, we continue to pray for God's kingdom to come because that is the hope we live for.

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[19] Daniel L. Migliore, *Faith Seeking Understanding: An Introduction to Christian Theology, Second Edition* (Grand Rapids, MI: William B. Eerdmans Publishing Company, 1991, 2004), 330.

> The biblical witness is a book of hope. From Abraham to Sarah to the present day, the people of Israel have placed their hope in the promises of God who has entered the covenant with them, trusting in God's faithfulness, they have hoped for the messianic reign of God, for deliverance of evil and for God's blessing of justice and peace on all who keep God's commandments.[20]

We live with expectant hearts for God's kingdom to come, and we live with that same expectant hope in the present tense as well. Jesus has already been here as He walked the earth, and He is coming back again. He took our place on the cross and saved us from our sins and from death. It does not mean that we will not die, because we will all die at some time in our lives. But we do not die without faith and hope. We die with faith and hope that we are resurrected with Christ, and that we shall live new lives with God in the new heaven and earth. That's the Good News of the Gospel, which is the book of hope to our souls and minds. In God's kingdom there will be no more death and dying. He is doing a new thing with a new world for all the people of God.

> Then I saw a new heaven and a new earth, for the first heaven and the first earth had passed away, and the sea was no more. And I saw the holy city, the new Jerusalem, coming down out of heaven from God, prepared as a bride adorned for her husband. And I heard a loud voice from the throne saying, "See, the home of God is among mortals. He will dwell with them; they will be his peoples, and God himself will be with them and be their God, he will wipe every tear from their eyes. Death will be no more; mourning and crying and pain will be no more, for the first things have passed away." And the one who was seated on the throne said, "See, I am making all things new …" (Revelation 21:1-5 NRSVUE).

God did a new thing, is still doing a new thing, and will continue to do a new thing for the people of God through Christ Jesus. It is the only real hope that we have as human beings. And it is the only hope that we need. When I preach at memorial services, I often use these words from the book of Revelation as I say that "the kingdom of God is

[20] Migliore, *Faith Seeking Understanding*, 331.

where there will be the death of death." Thanks be to God. As believers we have the assurance that there is so much more to come; the best is yet to come as we live our lives with hope through our faith in God. By the grace of God we live triumphantly knowing that God loved us so much that He has made provision for death and dying.

As part of being humans, we cannot do much on our own, but through Jesus we can do all things by the grace of God. Often people ask me what it is that drives me with such passion to minister to people who are at the end of life. What drives me to preach, teach, and write about this amazing hope that exists in death and dying? They are curious about what is at the heart of the gospel of Anette. My response is that it is not of me. I could not do what I do on my own: it is in the power of Jesus who has called me to do what I do. My passion already existed and was deeply imbedded within my soul long before I became chaplain at a hospital in Southern California, and long before I came to be an associate pastor at a church. My passion grew deeper and wider when I accepted the role as the key person to be present with all the end-of-life patients at the hospital when they took their last breath and died. By God's grace I have been present with dying patients over six thousand times. That is when I stopped counting. It is a humbling experience as I have sensed God's call for me to be present with, to love, and to care for people as they are dying. And to love and care for their loved ones who are grieving their loss. It has provided me with much experience ministering to people on their deathbeds. Although I must admit that I never intended to become an expert in death and dying, it has been a privilege to hold the hand of a dying person when they took their last breath here and went into their next life. It is peaceful and serene. I have never seen or witnessed a patient going kicking and screaming into eternity. They left at peace and carried in

God's loving arms of eternity. The moment when people die and move on into eternity is like being with them on holy ground. I have witnessed it so many times, and the hope of God has always been present with all people when death came. It was always beautiful and peaceful because of God's presence with those dying. Dying can be a beautiful thing.

Yet people tend to be fearful of dying before they die, and it is the time leading up to the dying moment when people are too fearful to even discuss it and have a conversation about death and dying. If they have avoided conversations about death and dying for their entire lives, then when the time for them to die arrives, it becomes challenging for them and their family to accept and embrace the reality of death. Instead, they resist the reality of dying. It becomes an unpleasant experience when someone already is in the dying process, and instead of embracing it and dying well, they attempt to have it averted for a period, and there becomes a time of unrealistic medical goals and unnecessary suffering for the patient.

My time as hospital chaplain was mostly spent with the patients in the intensive care unit (ICU) and the emergency room (ER). These two departments at the hospital were where the end-of-life patients eventually died. It was a rare occasion if someone died outside these two departments at the hospital. Most of the end-of-life ICU patients who died had previously been on life support for an average of two weeks. If after an average of two weeks there were no viable signs of life or any signs of partial recovery despite an aggressive medical intervention of breathing tubes, ventilator with full life support, and with the collaboration of the entire medical team, the team would make their recommendations to the patient's family to withdraw life support to allow a natural death.

It was referred to as the withdrawal of aggressive medical care. It was not the withdrawal of medical care, only aggressive medical care, which meant no more life support.

No matter what the intensive care medical team's recommendations were, in the end it was always up to the family to make their decision about their loved one, the patient. The goal of an end-of-life family meeting was always to encourage the family to follow the wishes of the patient. If the patient had made their end-of-life wishes known prior to their end of life with an Advance Directive, the family members were highly encouraged to follow those wishes. I came to find that there was a common denominator for those patients who had made their end-of-life wishes known to their family members: They were very realistic about the fact that one day there would be an ending to their lives. When there was an Advance Directive set in place, that also meant that the patient had been aware of the possibility that at some time they might not be able to speak for themselves, so therefore they had had a conversation about death and dying and filled out an Advance Directive. In the rare circumstance that a patient had filled out their end-of-life wishes by completing an Advance Directive, most of the time they had specified not wanting to be put on life support to receive aggressive medical treatment if there was no meaningful recovery. In my experience, the patients who had filled out their Advance Directives had worked in the health care business. They had witnessed how much suffering end-of-life patients were put through when they hadn't made their wishes known to their family members.

Even if a patient had requested for no aggressive medical care, their family members still were involved in the final decision making. Everyone was given the dignity of being at peace with a loved one's death. When a family followed their loved one's

wishes, and if those had been to be terminally extubated from life support, once that took place, the patient often died shortly thereafter. It was the withdrawal of aggressive medical care, which meant that it was machines that had kept breathing on their behalf, but the patient was never able to breathe on their own. There were times when they were already clinically dead, but the machines kept on breathing. It was very tragic and traumatic to witness that, as it raised questions if patients were suffering when they were put through such a traumatic event.

As chaplain, I was present with all the patients at the hospital when they died, and I assisted their families to say their final goodbye before their loved one took their last breath and died. I would have end-of-life conversations with the patients and with their families, and most of the time it was a beautiful and peaceful time when a patient died. The challenge was that they had never talked about death and dying before. They should have had a conversation about it, but they had avoided it due to being fearful. Death can be a beautiful thing. There were always requests from patients to receive prayers, and end-of-life conversations. It provided hope for them and their families. When they were of Catholic faith tradition, with their permission I contacted a priest who provided hope for them. The more that my end-of-life patients were surrounded with the Word of God, Scriptures being read, prayers being prayed over the patient, and sacrament being done, the more hope they experienced though God's real spiritual presence being with them in their dying process. The true hope of Jesus Christ was felt and sensed, and it made a difference for the patient to die with hope.

And Daniel Migliore wrote, "In the world as we know death seems to have the last word. Each human life, the whole human history, and the entire cosmos, drive

inexorably toward death. The death that is at work in our own lives, in history, and in nature is far more than the biological termination."[21]

Death does not have the last word; God has the last word over death. There is hope in death and dying because God has made provision for eternal life. God is the God of eternal hope, of love, justice, freedom, and life over death. The best is yet to come. As Christians, we trust and follow God, who conquers death and dying, provides justice where there is injustice, and provides love where there is hatred. From what can be witnessed in this broken world, there is a deep sense of being hopeless over what is taking place with the horrific wars where thousands of innocent children are being killed in the war on the people of Ukraine, and now in the war on the people of Israel. It makes us feel hopeless to see the deaths, the murders, the injustice, and destruction of humans. It is people killing people, and they are all created in God's image. The destruction of evil is at work. With the return of Jesus setting up the kingdom here, it will be the end of death and wars. It will be the end of evil.

Life is a gift from God, and eternal life after death is by God's grace. By grace we are saved for eternity. That is the hope of God. As Migliore wrote:

> If human beings are created by God, forgiven and loved by God in Christ, and through the work of the spirit experience even now the beginnings of new life in relation to God and others, then hope of personal fulfillment is no mere relic of an antiquated piety; it is an integral part of Christian hope.[22]

The God of Christian hope is the only true hope that we have as humans. Christian hope is for all created beings; no one is excluded from this hope. God is the

[21] Migliore, *Faith Seeking Understanding*, 338.

[22] Ibid., 339.

creator, redeemer, and sustainer of our souls, and only God's hope will by His grace save us for eternity conquering our sins, death, and all evil. It is the hope that took our place on the cross, raised us in the resurrection of the crucified Christ, and the ongoing presence of the Holy Spirit that holds us and gives us the power to live in Christ for the here and now, and for eternal life after this life. There is the powerful redeeming factor that we can also let the Holy Spirit flow like a river though us onto others, so that there becomes a community of believers by God's grace. I have witnessed this thousands of times with patients on their deathbeds coming to believe in the God of creation who created them in the first place. By God's grace there is eternal hope for all created beings to come home to be saved into God's hope.

Whether those on their deathbeds were Christians or non-believers, the most requested Bible reading they wanted to hear was from the Twenty-Third Psalm. It provided much peace and comfort to all. It even provided peace to patients who were not believers but had identified themselves as atheists. Still, they requested for the Twenty-Third Psalm to be read to them before they died. I prefer the translation from NASB because it says "the valley of the shadow of death," which is a more accurate description than that of the NRSVUE version.

> The LORD is my shepherd; I will not be in need. He lets me lie down
> in green pastures; He leads me beside quiet waters. He restores my soul;
> He guides me in the paths of righteousness for the sake of His name. Even
> though I walk through the valley of the shadow of death, I fear no evil,
> for You are with me; Your rod and Your staff, they comfort me.
> You prepare a table before me in the presence of my enemies;
> You have anointed my head with oil; My cup overflows.
> Certainly, goodness and faithfulness will follow me all the days of my life,
> And my dwelling will be in the house of the LORD forever" (Psalm 23
> NASB).

The Book of Psalms has the raw honesty of suffering and authentic emotions that all humanity struggles with. The Psalms were of much comfort to all family members, even when they had no faith belief system. The Psalms provided hope and peace to all the end-of-life patients, and their families as well. Many times, it was in the stillness of reading a Bible text when a non-believer's heart and soul were touched by the Holy Spirit. It was a moment in time as their human spirit shifted and turned towards God. It was a holy ground moment as people made this shift to God's eternal love at their end of life. In my own experience having been at the bedside with dying patients, I came to realize that some people resist God for a lifetime before they become believers, and some even wait till they are on their deathbeds. God always welcomed them with open arms, no matter when they came to believe. God's hope is for all people, and no one is excluded from God's loving hope. It is in God's character to say yes to all when they come to believe. God is love, and love conquers all wrongs.

As patients died, the immediate surroundings were that of being on holy ground; it was peaceful, and the real spiritual presence of God could be felt by all who were present. It provided a serene space where this hope became real that God was present and welcomed home the dying person into the next life. I came to be a firsthand witness to God's faithfulness as I was present with patients when they died at peace with God's hope, and this hope was, and still is, for all people. Some of the end-of-life patients had professed their faith in Jesus Christ long before they were admitted to the hospital and were put on life support in the ICU. However, some of the patients had not ever professed to any specific faith belief system, but still when the time came for them to die, they

came to believe in this hope of God that they were going into eternity for a new life. By God's grace, they came to faith in Christ before they died.

There was a young female patient in the ICU who came from the United Kingdom. She and her husband had been vacationing in the United States for the summer. They had just arrived in Southern California when they were in a bad traffic accident while driving on a busy freeway. Her name was Kate, and her husband was Bill. Kate had been severely injured in the car accident and had been comatose since she arrived at the ER by ambulance. She was unable to breathe on her own and had sustained traumatic injuries to both the body and brain. Kate was put on life support and given every medical intervention that was available with the hope that she would regain consciousness. During the first week in the ICU, Kate's husband Bill was invited to listen to the ICU's Interdisciplinary Medical Team rounding that we did every day at 10 a.m. Bill received daily medical updates about his wife. There was no improvement in her medical status, and she was declining fast. Kate's brain activity was shutting down. He was encouraged to contact his family in the United Kingdom to let them know and invite them to come to our hospital in Southern California to say their goodbyes to Kate. Bill informed us that they had a daughter in Engand and that she was planning to fly to the United States as soon as possible.

Although there was no Advance Directive for Kate, Bill decided along with the medical team to withdraw the aggressive medical care. There was no brain activity and Kate was declared brain dead. Bill had made it clear that both he and his wife were atheists and did not believe in anything. The intensive care team requested for a referral for end-of-life pastoral care intervention, which basically was for me to assist the family

with coming to terms with the death of the patient and help to make it a peaceful experience for everyone included.

Bill was an atheist and so was his dying wife, Kate. He came from a culture where he had not been accustomed to chaplains. He had no previous experience with seeing his wife dying, or meeting with a chaplain for pastoral care support. So, he responded in a way that he believed was a good idea for the moment: He barricaded himself inside the ICU room where his dying wife was on life support, and he taped a big note onto the outside of the room that said, "I forbid the chaplain from entering this room — chaplain stay out!" It was a response that I had not previously witnessed, nor had any of the doctors or nurses in the ICU witnessed it before. They knew that my presence as chaplain would be of great value to the dying patient and her family. It would bring them peace. Many of the patients had identified themselves as being atheist, but no one had ever forbidden me to enter the room to help and assist them with a peaceful passing. Besides, no one had ever barricaded themselves in an ICU room with a dying patient until Bill did.

The doctors and nurses were not allowed to provide medical care to the dying patient as Bill had barricaded himself inside. That was of great concern. Security was called for assistance, and they prepared for a hostile situation. The scene was surreal. Then the monitors by the nursing station had the alarms go off, which meant that the dying patient was taking her last breath, even though she was on life support. That also would mean that the Code Blue system was about to loudly have the sirens go off over the hospital's PA system. That was always a bad outcome, because other patients in the hospital and their families became very anxious when they heard those sirens. The fragrance of fear was contagious, and not appreciated by anyone at the hospital.

I went to the ICU room where Bill had barricaded himself, looked inside and saw him sitting on the bed next to his dying wife. I told him the sad news that his wife was actively dying, and that he needed to think of her, and her care. This was not about him; this was about his dying wife. To my surprise he agreed. He was tired, scared, and was anticipating grieving the pending loss of his wife. He said, "I found something that you dropped on the floor yesterday." He showed me a page that I had handwritten the Twenty-Third Psalm on. It was not unusual for me to carry in my pocket copies of the Twenty-Third Psalm. I read the Psalm every day as I met with end-of-life patients, and by grace it must have fallen out of my pocket to land outside the room of this barricaded man who was an atheist. He asked me, "What is this number twenty-three about?" He looked at me with sad eyes as he was searching for hope somewhere. I said, "That's the Twenty-Third Psalm, where God described our lives here, and our lives going into God's eternal home in heaven." Then Bill said, "It sounds so peaceful. Would you be OK to read it out loud now so my wife can hear it before she dies?" I replied, "Sure, that would be OK with me to read it for her now." I read God's Word from the Twenty-Third Psalm for both Kate and Bill as she took her last breath and died right there. As God's grace would have it, as she died it was a sacred moment in time. It was a peaceful and grace-filled time as the transcendence of our loving God was felt by those present in her room. It became like a glimpse of heaven as we stood together on holy ground with God, and with a deep-felt awareness that the Spirit of the Lord was present to wrap his arms around Kate.

The next day Bill called me in my office and said, "That number 23 really gave me a hope that I have never felt before. Do you happen to have any other numbers like

that one?" I smiled to myself that this was what Jesus had spoken about, letting the little children come to Him. Bill was an atheist and had not known before about the Psalms. I answered him, "Yes, I do have other numbers apart from that number. There are one-hundred-fifty Psalms." I gave Bill a Bible and highlighted some other verses that he might enjoy. I do not know whatever happened to Bill as he left and returned to the United Kingdom. I hope that he kept the Twenty-Third Psalm in his pocket.

God's hope of eternity is for everyone; no one is excluded. There is so much more than what we can see here. Death and dying can be a beautiful thing. The best is yet to come. My faith is grounded in this hope of God. In Genesis, it tells us that from the very beginning of time, God created all humans in God's own image, females and males. "So God created humans in his image, in the image of God he created them" (Genesis 1:27 NRSVUE). Being created in God's image is the primary concept of being part of the human commonality; we are all part of the human race, and it does not matter whatever sex, race, or culture we affiliate ourselves with. We are all image bearers of the God who created this world and made us part of the creation. My dissertation is rooted in what we have in common with each other, not what our differences are. Although there are a lot of things that make us different, the focus for my dissertation is grounded in what we have in common. I will leave the first matter to the experts in that area. I believe that when we shift our focus onto God, we realize how much we have in common with each other. We are children of God, brothers and sisters in Christ made in God's image.

The reality is that we are all going to die from this world at one point. It is a guarantee that we cannot escape death. I do not know of the timing, but God knows. It is a mystery when it is our time to move on into eternity. My friend was in her forties when

she died suddenly from an accident. At the memorial service I met her parents and grandparents. Dying does not always take place when we get old. It can take place at any time, but hopefully not before I receive my doctorate degree — I have worked so hard for it, and I would love to see it completed. Besides, this dissertation can be very helpful for others to be better prepared before they die. My hope is that the taboo will be removed from the topic of death and dying and that we can engage in conversations about it. It is when we remove the taboo from talking about death and dying that we come to find the good news of everlasting hope through Jesus Christ. That is the only real hope that we have. People would embrace that God's hope is for all; everyone is included.

Many have shared with me that deep down in their hearts they are fearful of dying. Even those who are believers have shared the same thing. In my role as pastor of a church in Southern California, congregants have articulated that they are fearful of dying. Most of the believers whom I have encountered in the hospital where I served as chaplain have shared with me that they were fearful of dying. Many went to great lengths to avoid engaging in any conversation about death and dying. Often when people were admitted to the hospital at the end of their lives, they had never made their end-of-life wishes known to their families before. That makes it a big challenge for their family to have to guess what their loved one might have wanted in their end of life. Would they want to have their dying process extended with aggressive medical intervention, or would they have preferred to be allowed to have a natural death and be at home in their own surroundings? If they never had conversations about it, they might have to endure unnecessary suffering at the end of their life that could have been avoided by having had a conversation about death and dying.

Sadly, in today's world there are end-of-life patients who are going to face their death in ICUs and ERs even though they would have preferred to spend their last days or weeks at home to die in the comfort of the familiar surroundings. However, they avoided having conversations about their end of life, and never shared with anyone what their wishes would have been. They never took the time to fill out an Advance Directive, which is a legal document that speaks for them when they have come to a place in life when they are not able to speak for themselves.

What I have come to find is that before a patient is ready and willing to engage in a conversation about death and dying, they first need to be reassured that there is hope. There is always hope because God is eternal hope. Depending on how patients view hope, it can become an easier task to talk about death and dying. Once people have had conversations about death and dying, especially their own end of life, they become less fearful of the inevitable. Once people engage in conversations about their end of life, and begin to process how their faith in God helps them to face their eventual end of life, there is a shift within them. They become hopeful. This hope replaces the fear they previously had about dying. We don't have any other true hope, but the hope in Jesus. As humans, we are only capable of giving false hopes in things that do not last. I refer to that as a cheap hope. It means nothing and brings nothing worthwhile. As Shirley Guthrie Jr. wrote:

> Is it realistic to hope that even in the next thousand years we will reach a point at which there will be no more wars or rumors of war, injustice, poverty, crime, oppression of minorities, the physical and psychological crippling of children as the result of inhumanity of elders? The forms of inhumanity change, of course. We have nuclear weapons instead of bows

> and arrows, economic exploitation instead of slave trade and colonialism.[23]

Let's be realistic about humanity: We really can't live life with purpose and meaning on our own without having the hope of Jesus. We can try, but it will not go well. If we lived our lives focused on God, being aware that one day we will die from this world and transition into God's eternity, we would celebrate being alive in the here and now, and we would plan better for our end of lives here. But we don't. Instead, we avoid having conversations about the end of life and we live as if we are going to be in this world forever. I met with a patient in the ICU who had been diagnosed with an end-stage disease with not a long time left to live. She said, "I know I don't have much longer to live, but I have not told my family that I am dying." It was not the first time I had heard from patients that they had not told their loved ones they were dying. I asked her what she was afraid of by not sharing with her family that her death was coming closer. She replied, "It would be such bad taste to talk about that." We had a long conversation about it, and she became more comfortable with talking about it, and decided it was time to tell her family that she was close to death. Except, it was too close, because she ended up dying without ever telling her family. There was no time left to tell her loved ones goodbye. As Guthrie wrote:

> It is considered bad taste in our time to talk about dying. Death has replaced sex as the subject too obscene for polite conversation. (Now we say, "passed on" instead of "died" and "memorial park" instead of "graveyard.") And it is downright un-American to suggest that we cannot eventually solve all our own and the world's problems if we work at it long and hard enough, if we can only convince or enable the rest of the world to follow the American way of life. But that is the way it is: We are all going to die.[24]

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[23] Shirley C. Guthrie Jr., *Christian Doctrine* (Louisville, KY: Westminster John Knox Press, 1994), 373.

[24] Guthrie, *Christian Doctrine*, 374.

No matter what we do, we cannot avoid the fact that life here as we know it is temporary. Life with God is eternal life. The good news is that there is life after this life, and that is the best of life.

Hearing the good news of the Bible either from a Sunday morning service, or by having a spiritual conversation, provides people with this amazing hope that is far more powerful beyond having hope in ourselves, others, or other things. The reality of being a sinful human is that we can't save ourselves no matter how much we try. We all need Jesus Christ as our savior.

A person can have a shift from being fearful to becoming hopeful with death and dying when they attend a beloved friend's memorial service. Many of the people who come to attend a loved one's memorial service at my church have often shared with me prior to the service that they were anxious about the upcoming service because it had made them think about their own mortality, which then made them more fearful of dying. By the grace of God, I provide them comfort by reassuring them that it is understandable that they are anxious about death and dying. However, once they hear God's loving promise about provision after death, it provides them comfort and hope.

It will be the same person coming up to me after the service, who prior to the service had been anxious and fearful about attending a memorial service, who will let me know how surprised they were that they were no longer fearful, but instead felt hopeful about their end of lives. Their fears had been removed as they had heard my or another pastor's sermon about God's provision for an everlasting life in eternity once we die from here.

Their fear of death gets replaced with hope after death. Frequently I have heard people saying, “I feel so much better now after hearing your message of hope in and after death,” and, “That was such a hopeful sermon. It makes me feel hopeful about my own end of life.”

The people who attended a memorial service at the church felt hopeful after hearing God’s Word and the good news of the Gospel being proclaimed. I have come to find that most of the people whom I have encountered in my profession as clergy are fearful of dying because they do not have any experience in dying. Since they have not died yet, they do not know what to expect for when that time comes. The concept of dying comes to their mind when they attend a memorial service or when they have been through some sort of health scare, or when they are facing their own end of lives.

The word “hope” is mentioned more than 142 times in the Bible, depending on the translation. This hope in God is rooted in the theology of what took place at the cross when Jesus died for the sins of the world, and then was resurrected into everlasting life. We observe Easter every year as a celebration that Jesus is resurrected, and therefore we too are going to be resurrected with Him into new life in eternity. New life after this life. That is the amazing hope we have in Jesus Christ.

There is so much evidence in scriptures that show the origin of this hope. One example is from the book of John where Jesus spoke with his friends Mary and Martha. “Jesus said to her, I am the resurrection and the life. The one who believes in me will live, even though they die; and whoever lives by believing in me will never die” (John 11:25-26 NRSVUE). Those were Jesus’ own words to Mary and Martha as their brother Lazarus had died. Lazarus was Jesus’ best friend. So here was Jesus arriving on the scene

to come and be with his best buddy, but he was not in any hurry because Jesus knew that the death of Lazarus was not permanent — he would be alive again. However, the sisters of Lazarus were not thrilled about the tardiness of Jesus, at least not at first. One of the sisters named Martha spoke up about that; she was not happy with Jesus that he was taking it so slow in arriving to be with Lazarus. Martha accused Jesus of having taken too long to get there. She said to him, "Had you been here earlier Jesus, my brother would not have died." Jesus had been out traveling and had been preaching and teaching about the most important thing, the Kingdom of God.

It was while he was out preaching in the area that he found out that Lazarus was sick and was dying. Since Jesus already knew that he was going to raise Lazarus from the dead, there was really no reason for him to rush to the beside of Lazarus. Instead, he continued to preach and teach, and it took him another two days before he was done with his preaching and went to the town of Bethany where Lazarus' sisters were grieving the loss of their brother.

When Jesus was confronted about his tardiness by Martha, He told her not to worry because Lazarus would rise again. Martha thought that He was referring to the time when all of humanity would be resurrected at the end of time. Yes, of course, she said, Lazarus would be raised then. But what about now? Although this belief is correct, she still missed the deeper meaning of what Jesus was saying.

Jesus told her that He was the source of this hope, the point of origin of the coming resurrection, and that He was the one who would bring everyone back to life. It was when He told her of His power and worthiness to resurrect the dead that Martha believed that Jesus is the Messiah they had been waiting for. She was overjoyed because

she then knew that her brother would be alive again, and that she would see him again. After Jesus told Martha that He was *the* hope, Lazarus too would be resurrected from the dead. Martha's fear was replaced with hope as she shifted in her belief that this hope of God was, and still is, real and is taking place for those who believe. Jesus said to her, "I am the resurrection and the life." That means that a new life is in Jesus. He is the one whom we believe in, and we can put our trust in.

This is not something that will eventually take place in the future, but the resurrection *is* Jesus. It's not just an event! Just like Jesus told Martha, "I am the resurrection and the life." I believe that it is a calling for all people — He calls us to faith. Jesus calls us to trust, and to believe. This is so much more than simply believing in a future Jesus. He is God incarnate, who came to set us free from death. Not because He had to, but because of his unconditional love for everyone; all people are included, and no one is excluded. It was God's love that took our place on the cross to give us eternal life. That is the hope that we live by, the only real true hope that exists for us.

It is with confidence we can look forward to a resurrection of our bodies, for our souls to live forever in God's presence. What a beautiful gift of having new bodies that can replace the current ones we have now. They tend to wear out, get sick, and fall apart at the seams. Eventually, the body dies. But that is not the ending; it is simply the beginning into the next life.

I believe that we are spiritual beings with human experience, and the best is yet to come. There is a time when God will wipe away every tear from our eyes, when there will be no more death, and mourning and pain will be gone forever. New life in eternity will last forever. Grief becomes hope, and this hope never ends. Jesus reassured Martha

that her brother would rise again and be alive again. Jesus was correct — He did raise Lazarus from the dead, and he came back to live with his sisters Mary and Martha once again. There is hope in what Jesus said to them. Often, that passage of Jesus raising Lazarus from the dead is what I use for my sermon when I do a memorial service. It gives comfort to those who grieve, and it provides hope for all who hear the passage. God's Word is powerful. By God's grace, the mourners leave the memorial service filled with this hope.

When I stand by the church door as the mourners leave a memorial service, they usually let me know that they feel more hopeful after having heard that passage. They look forward to being reunited with their loved ones who have died. The passage of Jesus raising Lazarus back to life so he can be reunited with his sisters gives them hope in God.

The reality of life is that death is 100% certain for each person. The most amazingly good news is that when we die, we will be raised to life again. There is a continuation of life after this life, and this hope is for all people. God is love, and God loves all the creatures he has created.

From the very beginning of time, God created the earth and everything in it, including humans. God created all things into existence. The primary root of my theology of hope can be found in the beginning of Genesis, "So God created humans in his image, in the image of God he created them; male and female he created them" (Genesis 1:27 NRSVUE). There is a reassurance from this passage that all people have been created in God's own image, and that makes every single one of us walking, talking image bearers of God. This Genesis passage is of much hope, as it shows there is divinity in all of us, and there is value to every life as there is dignity and hope within each soul. We were

made by God, in God's own image, created to be in relationship and live with God for all of eternity. This hope originates with God, and there is an ongoing presence of hope that is alive and burning through the Holy Spirit within each human.

God is love and spirit, both male and female. Jesus called God *Abba*, his Father, and because of that I refer to God as He. However, God is more than that. God is love and spirit, and He loves us in an unconditional way and desires for us to be in relationship with Him. God does not simply love us because of what we do as our profession, or what we can accomplish, or how much stuff we accumulate while we are here. God loves us because He created us in His own image, and that has redeemed us in God's love. God's love created us, and we are His people deeply rooted in this love. The hope of eternal life was part of the creation story for us.

Unfortunately, God's created humanity messed up and fell into sin while they were still in the garden, still in Paradise. A sinful humanity in its brokenness has struggled and suffered ever since then. As humans we cannot save ourselves, so by God's grace Jesus took our place on the cross so that we can be forgiven for our sins. It is nothing that we did for ourselves, but solely by the grace of God. John reassures us with this hope through the scriptures that we are eternal beings when he writes:

> For God so loved the world that he gave his only Son, so that everyone who believes in him may not perish but may have eternal life. Indeed, God did not send the Son into the world to condemn the world but in order that the world might be saved through him" (John 3:16-17 NRSVUE).

As God's created beings, God loved us despite our brokenness, and through the forgiveness of sins we are God's redeemed people. We were created for eternity to live forever in God's presence of eternal hope. No one is excluded from this hope, as it is an open invitation to all creatures to choose in their free will that they were given by God.

The Bible does not pretend that death is not so bad after all because we do not actually die at all but only pass on to a new form of existence when our souls escape our bodies. According to scripture, death is real, total, and dreadful.[25] The reality of death is that no one eagerly signs up to have it happen unless they already are at their end of life. If someone is doing well, enjoys life and is healthy and joyful with family and friends surrounding them, they are not going to just wake up one day and say, "Today, I would like to die." Death is not like a best buddy we would like to have in our lives. But it is a reality that death is going to take place at some time in our lives, and there is no other exit out of this world, except through dying. We cannot change that reality of death and dying. The reality is that God has made a provision for us as we die. We die with hope into eternity, and that hope is what gives us new life, that the best is yet to come. There is life after this life.

Henri Nouwen writes in his book *Turn My Mourning into Dancing* that "for those who have eyes to see and ears to hear, much in our fleeting lives is not passing but lasting, not dying but coming to life, not temporary but eternal. Amid the fragility of our lives, we have a wonderful reason to hope."[26] People tend to spend much time focusing on their temporary lives here as we have come to know it, and not realizing that we are spiritual beings with a human experience.

There is so much more to come after our lives end here. There is life after life in eternity, and that awareness provide us with hope in God during our journey of life, which can seem so challenging at times. This hope also gives peace to those who are

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[25] Guthrie, *Christian Doctrine*, 379.

[26] Henri Nouwen, *Turn My Mourning into Dancing: Finding Hope in Hard Times* (Nashville, TN: Thomas Nelson, 2001), 48.

facing the end of their lives, especially when the time for dying comes, and the transitioning begins during the dying process. That time will come for all of humanity at some point in our lives. We do not have to face that with fear, but we can approach it with hope. There is hope when Jesus tells us that we are going to have eternal lives: "This is indeed the will of my Father, that all who see the Son and believe in him may have eternal life; and I will raise them up on the last day" (John 6:40 NRSVUE).

Because every human is created in God's image, there is a realm of divinity within each person. All persons have the spirit of God deeply imbedded in their souls. I tend to embrace the way Nouwen articulated it; he wrote that this can be referred to with a simple word, *grace.* He wrote, "God's life is in us, or the kingdom of God amongst us." It does not really matter so much what we call it, or how we refer to it. The only thing that matters is that it is about the "who." Anyone who believes, Jesus says, has eternal life. This world we live in is temporary; it has a beginning and an ending. Nouwen said, "in this temporary fleeting world he comes to plant the seed of eternal life. In many ways that is what is meant by the term the nurturing of the eternal amid the temporal, the lasting within the passing, God's presence in the human family. It is the life of the divine spirit within us."[27]

A turning point, kind of like an "a-ha" moment for many, is when they come to have a sense of an awareness of the mystery of this hope that is dwelling within us, giving us the assurance there is life after this life. It does not matter *where* people hear about God's unconditional love and the eternal life that we have been given by grace; it

[27] Nouwen, *Mourning into Dancing*, 48.

could be at a Sunday morning church service, shared by a neighbor, being on their deathbed at a hospital, or attending a memorial service.

As I mentioned earlier, it is often from having heard a sermon preached at a funeral when people get to be reminded of their own mortality, but also of the hope of eternity. It can be a bittersweet moment for many. When a loved one dies, it hurts to say goodbye for the survivors, and grief is often painful. It is a surreal feeling in many ways. The funeral offers them comfort through God's promise that there is a provision for death, that they will be reunited again one day. A memorial service is under normal circumstances a very tender time for those who attend it. There are feelings of deep sadness, grief, and hopelessness. And after hearing God's Word preached and proclaimed, there are also feelings of comfort in their pain, and a new sense of hope for the future. In every sermon that I do at funerals, I always end with a hopeful reminder to all the mourners, with a simple sentence: The best is yet to come!

God's promise of a bodily resurrection into eternal life is a hopeful and joyful mystery for the mourners when they leave after the service. They have been reminded of the sad reality that we are all mortal beings, and there is a time to die from here. Life on this side of heaven is temporary, and some people sitting in the pews at times reply with an "Amen" to that reality.

The ending of this life means a new journey begins that leads into eternity where life is immortal; there is no ending to that. They are reminded of that as they hear the good news of the Gospel, and that in itself makes them hopeful again that they too will have eternal lives after this life is over. It also gives them hope that they will see their beloved ones again. The good news of the gospel removes their fears about death and dying and

instills within them a divine hope. Death is not the ending, but a new beginning into the next life.

In Nouwen's book *Life of the Beloved*, he states, "In our society we barely take the time to mourn when a friend, or family member dies. Everything around us encourages us to keep on going as if nothing happened."[28] Most people do not feel comfortable getting in touch with their own mortality, but instead hold onto the notion that death is something that only other people will have to face. The very idea of death and dying can give us the feeling that it is surreal, so people avoid talking about the topic, as if it will not become a reality to them.

Nouwen says that "death seems so far away, unreal—something more for others than for us." Even though we are bombarded by the media 24/7 that continuously confronts us with the tragic news of sufferings, death, and dying, we still do not believe it will happen to us. We see people dying in wars throughout the world; we have witnessed this in the recent war in Ukraine. Children, men, and women are murdered daily because of evil aggression. It is maddening for our minds to even comprehend the insanity of it all. We watch the sad reality of school shooters entering American schools and at random killing young innocent lives of children. We watch young black men and women being pulled over by police and then they end up being shot to death. Innocent human beings are killed by violent acts of others. We watch starvation, abuse, neglect, and violence that ends up with death. It is like this world has been turned upside down, as if we live in the end of time. And maybe we do.

[28] Henri Nouwen, *The Life of the Beloved* (New York: Crossroad Publishing Company, 1992), 116.

Then we have watched the worldwide pandemic of COVID-19 that has killed over seven million people throughout the world. We are witnessing death and dying on the news 24/7 and it is heartbreaking. It has brought grief to our souls, and a sense of hopelessness to our lives as we watch and see the reality of worldwide turmoil, abuse, killings, and injustice to a hopeless broken world. As image bearers of God, we are witnessing death and dying around us; other image bearers of God are being killed by image bearers of God. There is an abundant amount of suffering in this broken world.

But we don't confront it and talk about it; instead, we avoid it and pretend it's not happening. We avoid talking about death and dying because we do not create time and space for the reality that it will happen to us one day. We keep on going with our daily lives as if nothing has happened; we want to go back to normal and do what we can to numb ourselves with avoidance.

The reality of life is that the topic of death cannot be avoided, no matter how much we try. There is a time for dying, even though we make attempts to avoid talking about it. Death seems so final; however, by the grace of God death is not final. The book of Ecclesiastes describes it beautifully:

> There is a time for everything, and a season for every activity under the heavens: a time to be born and a time to die, a time to plant and a time to uproot, a time to kill and a time to heal, a time to tear down and a time to build, a time to weep and a time to laugh, a time to mourn and a time to dance, a time to scatter stones and a time to gather them, a time to embrace and a time to refrain from embracing, a time to search and a time to give up, a time to keep and a time to throw away, a time to tear and a time to mend, a time to be silent and a time to speak, a time to love and a time to hate, a time for war and a time for peace. … He has made everything beautiful in its time. He has also set eternity in the human heart; yet no one can fathom what God has done from beginning to end (Ecclesiastes 3:1-8,11 NRSVUE).

God has created humanity in His image, and placed eternity in each heart. We are made to live forever with God, and there is a time to leave this life to go into the next life with God. The reality of having been created by God to live forever and ever in eternity with God is not something I am fearful of. It is the complete opposite of fear; it gives me hope to my entire being, heart, mind, and soul to know that once I die from here it is the transition into my next life. Therefore, I have titled my dissertation *Dying with this Hope, The Best Is Yet to Come.*

There is so much freedom in having that promise from God that at some time in the future my own death and transition from this world into God's eternity will become reality. That knowledge also gives me a sense of peace for my life in the here and now; my life today is lived with a more intentional hope because I belong to God not only in eternity, but also for today, in this time and space.

Nouwen writes that maybe we are fearful of dying alone because we have deep hidden memories of our lonely birth; perhaps our minds are etched with the loneliness of coming into this world, and that makes us fearful that it will be the same scenario when we die. There was a beautiful poem that I used as a sermon text many years ago to illustrate the fear of dying having come from the fear of birth. It was attributed to Henri Nouwen, although I have not been able to locate any other data about this poem. The parable was told by Wayne Dyer, who attributed the original story that had been told by Henri Nouwen. Although it might have been other versions that were adapted from the writings of Pablo Molinero. The parable is about a mother's womb where there were two babies:

The first baby asked the other, "Do you believe in life after delivery?"

> The second baby replied, "Why, of course. There must be something after delivery. Maybe we are here to prepare ourselves for what we will be later."
>
> "Nonsense," said the first. "There is no life after delivery. What would that life be?"
>
> "I don't know, but there will be more light than here. Maybe we will walk with our legs and eat from our mouths."
>
> The doubting baby laughed. "This is absurd! Walking is impossible. And eat with our mouths? Ridiculous. The umbilical cord supplies nutrition. Life after delivery is to be excluded. The umbilical cord is too short."
>
> The second baby held his ground. "I think there is something and maybe it's different than it is here."
>
> The first baby replied, "No one has ever come back from there. Delivery is the end of life, and in the after-delivery it is nothing but darkness and anxiety and it takes us nowhere."
>
> "Well, I don't know," said the twin, "but certainly we will see mother and she will take care of us."
>
> "Mother?" The first baby guffawed. "You believe in mother? Where is she now?"
>
> The second baby calmly and patiently tried to explain. "She is all around us. It is in her that we live. Without her there would not be this world."
>
> "Ha. I don't see her, so it's only logical that she doesn't exist."
>
> To which the other replied, "Sometimes when you're in silence you can hear her, you can perceive her. I believe there is a reality after delivery, and we are here to prepare ourselves for that reality when it comes. …"[29]

The sermon I had preached was about how to be at peace with our own mortality and not be fearful of going into the next life. Sometimes we can be fearful of the unknown that is ahead of us, but the reality is that we did not know what life would be on the outside when we were still in our mother's wombs either. Yet, that worked out well

[29] Originally from Henri Nouwen, *Our Greatest Gift: A Meditation on Dying and Caring* (New York: Harper One, 2009), 18.

for us to be born into this world. The Bible beautifully describes how God was with us even before we were born. “Before I formed you in the womb, I knew you …” (Jeremiah 1:5 NRSVUE). And God is always with us, in this life and the next.

I believe that we are spiritual beings with a human experience, made in God’s image to live life with purpose and meaning as we live as God’s people. Life in this broken world is short and fragile, and very temporary. God sent us into the world, was with us before we were born, and will be with us when we go into eternity. Our deaths then become a part of a return to our original home. Henri Nouwen writes that eternal life will not be a surprise eventually. We have the spirit that dwells within us here and now presently. John wrote, “Dear friends, now we are children of God, and we have not yet been shown what we will be in the future. But we know that when Christ comes again, we will be like him, because we will see him as he really is” *(*1 John 3:2 NRSVUE).

As Nouwen wrote:

> Different becomes the final “Yes” and the great return to where we can most fully become children of God. I don’t think many people look at death this way. Instead of seeing it as a moment of fulfillment, they fear it as the great failure to be kept at bay for as long as possible. All that our society has to say suggests that death is the great enemy who will finally get the better of us against our will and desire … My own vision is radically different.[30]

And so is my vision and belief the same as that of Nouwen: There is so much more to come after this life. We came into this world with nothing more than ourselves, and the same way we will leave from here at one moment in time when we go from this life into eternal life. With God’s spirit dwelling within us with a divine eternal light that never dies, it continues to shine. We have nothing to fear in death and dying because it is

[30] Nouwen, *Life of the Beloved*, 137.

where God's unconditional love embraces us to come home to our eternal homes. For when that time comes, it becomes like holy ground for us as heaven comes down to sweep us up into her arms to bring us home. May we all hear the voice of our loving God telling each one of us that we are welcomed home. Welcome home, my child! What a beautiful beginning to a new life after this life. This is my theology of hope.

Psycho-Social: The Reality of Grief

Most of us have had some experience with grief. Grief hurts, and it is the after effect for the survivors after a loved one has died. And being that the majority of the American culture wants quick fixes and happy lives, death, dying and grief is not something that is a quick fix. It goes against the typical "move on" and "fast forward" life that most Americans have gotten used to. The reality of grief is that it is painful, and most people try to avoid it because it is the painful after effect after a loved one's death. Grief does not only affect parts of our being, but it also affects our entire body, mind, and soul. The reality of being human is that we all get to experience grief at some time in our lives. Some have more losses than others, but in all, everyone experiences a loss at some time in their life. Once there is a loss, there is a season of grief. A season of grief is something we and the entire world recently experienced together.

As I am writing this today, in August of 2023, almost seven million people have died worldwide from COVID-19. The people who died were someone's grandmother, mother, daughter, girlfriend, or spouse. They were someone's grandfather, father, son, boyfriend, or spouse. They were someone's partner, neighbor, or colleague. They were here and alive, and now they are not. Those who lost their lives were the loved one of someone who has been left behind to grieve their loss. Grief hurts within us to the very

depth of our souls. It leaves us with the emptiness of what used to be, and we are left grieving our losses.

This is what we collectively know about death and dying; we are left behind to grieve. Most of us tend to avoid facing grief because it is painful. We try to shove it down by not talking about it or thinking about it. However, there is no way around grief if our desire is to be healed. By processing our grief, we allow ourselves to heal while we go through the pain. Some believe that if we just don't think about our loss, it will go away on its own, and in a way it does, but it does not give us healing, which we all deserve.

The memory of a loved one never goes away; it remains within us. However, the acuity of grief gets less overwhelming once we acknowledge and process our pain. If we have ever loved someone, we will grieve them when they die. If something was meaningful to us, we will grieve it when it is gone from our sight.

Grief does not necessarily have to be associated with a loved one's death. A loss of normalcy is something we were all affected by with the recent pandemic of COVID-19 in 2020 when we, along with the rest of the world, lost the sense of normalcy due to the pandemic's stay-at-home orders with lockdowns, and the uncertainty of the future. What we used to take for granted was no longer available to us. Normal daily tasks of going to school, grocery shopping, or going to work were no longer part of our daily lives. We even lost the normalcy of going outside for a walk to breathe in fresh air. It was a huge loss for most people. The news on the television reported 24/7 on the deaths from COVID-19, and we lost a sense of what used to be normal for us, which was replaced with a new normal where hearing about death and dying all while being on lockdown became a normal occurrence. Most people were experiencing some level of grief from the

tragic pandemic of COVID-19, where the new normal became having an existence with loss, an abundance of losses.

For the sake of this project, my focus is on grieving the loss of a loved one. Although, not to minimize the excruciating grief we all experienced in the aftermath of COVID-19 with the pandemic that still to this day lingers in people's minds and hearts. However, my project's focus is on the aftermath of a loved one's death, and the grief we are left behind with.

Everyone grieves differently. Each person has their own unique response to their personal loss. Every grief is as individual as our own lives, and we have our own unique response to a loss. We need to accept that and not judge each other for someone grieving less or more than we do. With that said, there are stages of grief that most bereaved people go through that are not necessarily in a linear path, nor were they ever meant to be. Elisabeth Kubler-Ross was the forerunner on the different stages of death and dying, and she also came to find that those same stages can be used for grief. She found that people who are dying have very similar stages towards their own end of lives as those they leave behind to grieve them. Kubler-Ross applied the same five stages of death and dying to the survivors who were left behind grieving their loved ones. Although these five stages of grief have been debated by some therapists and scholars, they are still of great value. I have found them to be very helpful when I do grief counseling with those who are mourning the death of a loved one.

Kubler-Ross came to the United States from her native Switzerland and was an expert in her field. She and David Kessler co-authored the book *On Grief and Grieving*, where they introduced the five stages of grief. They are denial, anger, bargaining,

depression, and acceptance. There is no typical response to a loss because there is no typical loss. These stages are simply tools to help us frame and identify what we are feeling after a loss.[31] As previously mentioned, this path of grief is not meant to be set in a linear path. Some people go through their journey of grief in all five stages, and then when completed, they do them all over again. Some spend a longer time in one stage, and some can even get stuck in one of the stages. And some do not even go through all the five stages. Grief is as unique to each person as our own thumbprints.

I want to make it very clear that grief is not a disease that we ought to avoid by inoculating ourselves with some form of a magic pill that will help us avoid feeling the pain of grief. It is a normal response to a loss in our lives. Just because it involves emotional pain does not necessarily mean that we are to avoid it at all costs. However, some are overwhelmed by their loss, and not able to process or face their pain.

Beatrice had for years been the sole caregiver of her elderly mother, who had been living in the same household as Beatrice and her husband John. Beatrice and her mother Jill were like best friends, and they went everywhere together and really enjoyed each other's company. Beatrice was married to John, who was emotionally unavailable to her; he was a narcissist and had big control issues, among many other behavioral deficiencies. Beatrice did not believe in divorcing that type of a spouse, so she instead became very co-dependent on her elderly mother. She lived vicariously through her elderly mother, who was a very pleasant lady. As time passed, Jill toward her end of life needed more support, and hospice care was arranged for her to provide the extra layer of care that was needed for her. She lived a good long life with her daughter, and she eventually died the

[31] Elisabeth Kubler-Ross and David Kessler, *On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss* (New York: Simon and Schuster, 2005), 7.

way she had lived life — very peaceful and with all her family surrounding her as she died.

Beatrice was overwhelmed with grief after her mother's death; she had lost her best friend, and also her purpose in life caring for her elderly mother. Although her pain of grieving was a normal response to the loss of her mother, there was more to it. Now she had to face the reality of being married to an emotionally unhealthy spouse who was not available to her to help her cope with her loss. Beatrice was grieving, but she felt overwhelmed by the reality of the loss of her mother, and the reality of the loss of a healthy relationship with a supportive spouse. It was too much of a reality for her to face. Less than a month after the death of her mother, Beatrice called her primary care physician to request medication to numb her grief. She did not want to feel the pain of her losses, and healing was postponed for another time. She was given a prescription for an antidepressant that helped to avoid her feelings of grief. At least for now.

Psychiatrist George Engel wrote a thought-provoking essay in *Psychosomatic Medicine* where he argued that the "loss of a loved one is psychologically traumatic to the same extent as being severely wounded or burned is physiologically traumatic."[32] Engel argued that it is necessary for us to grieve a loss so that we can receive healing for the pain we feel after a loved one dies. He said that the grief we feel is a departure from our regular state of health and well-being. As we grieve, we return to our homeostatic balance. We should not avoid grieving; grieving is a necessary step in our lives to get back to having a sense of well-being.

[32] J. William Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner* (New York: Springer Publishing Company, 1991), 9.

Engel compared it to a similar healing for a burn victim. They need to go through a necessary process for bringing healing to the body after such a tragedy.

Engel views the process of healing from having been burned similarly to the process of grieving and mourning after a loss. As with healing, full function or partial function can be restored, but there are also incidents of impaired function and inadequate healing. The mourning period takes time but is a necessary step before restoration of function can take place.[33]

Grief and mourning are both related to a loss. Grief is the internal emotional reaction we feel inside, and mourning is the external reaction to our grief. On the inside my grief might be deeply painful, but to the outside world I might not show people how painful my loss is, for different reasons. I grew up in a Scandinavian culture where my family, and most people from that part of the world, were stoic and rarely showed emotions, especially if they were seen as negative feelings like the sadness of grief. Instead, I learned how to suffer in silence. It was not a healthy expression of grief, but it was the only one I knew, at the time.

I experienced grief early in my life when my beloved dog Ritzy died. Ritzy's death was a very different experience from the time I had when I was present with my elderly great grandmother when she died. She had died years earlier, and I found it to be very peaceful. My memories from her death are that of a natural and organic experience as she died in her own bed at my grandparents' house. She fell asleep and peacefully went into eternity. It was a serene and peaceful setting. I was there with her, holding her hand saying goodbye to her. She was dying of old age, and her death was a natural part of life.

[33] Worden, *Grief Counseling,* 10.

Even to this day my memories from her death are filled with much peace, and I truly believe that death can be a beautiful thing. But not all deaths are beautiful. Some deaths do not leave a sense of peace and beauty behind for those they say goodbye to. There are times when deaths leave behind a lifelong season of grief for the survivors. I know it did for me when my beloved dog Ritzy died. I was ten years old, and she was my best friend. Ritzy was more than a friend; she was also a four-legged parent to me. She loved me unconditionally and she was always there for me, loved and cared for whatever my needs were. Her death left me with a painful grief that lasted for decades. Even as I write this, I still remember her with great love; it still tugs at my heart.

Ritzy was a beautiful black and white Collie. She resembled the dog Lassie from the well-known ’60s television series of that time. Ritzy was the most loving and compassionate dog I have ever known. I love all animals, especially dogs, and I have always had dogs as part of my family. Ritzy was a guardian caregiver who happened to have four legs instead of two. She was the one who provided comfort and safety to me in the absence of my parents. Growing up in the Swedish countryside, my parents spent most of their time traveling to other European countries. From early childhood, they were often not available as they were out traveling the world. My siblings and I were left at home with my grandmother and my dog. We had the best of times, and they shaped me more than I knew at the time. I loved Ritzy; she gave me unconditional love and complete acceptance.

At some point Ritzy got very sick. Still to this day, I am unsure of what kind of sickness she had; it might have been old age. My parents never talked about it. It was not acceptable to speak about sickness or death. Ritzy had been lying down on a homemade

area rug as she was unable to stand up or walk. My dad eventually carried Ritzy on that rug into his car. Before he put her in the car, he took our last photo of me giving Ritzy my last hug. Although I cannot recall anyone telling me she was dying, I instinctively knew that it would be our last hug. I gave Ritzy my last goodbye hug and told her I loved her. I never saw her again. I knew in my heart that she was going to die. No one spoke a word and it was very quiet.

What I did not anticipate at the age of ten years old was that the grief of my loss of Ritzy was about to take place in my life. I had no idea what her void would feel like. All I knew was that my life changed dramatically at that moment; it felt like a part of me died with her. I froze in the place where I stood by the kitchen window watching my dad drive away with Ritzy. I was still standing in the same place by the window when my dad returned home sometime later, alone. Ritzy was not with him, and we never spoke about what had happened to her. She was just gone. Gone from my sight. My painful grief was not processed or talked about. It became a lifetime of unprocessed grief that led to depression. It also led me to my ministry that I do today, working with death, dying, and grieving people. My vocation of being a pastor and chaplain is not something that I chose for myself — it chose me. Although I love what I do for a living, it began with Ritzy's death that left me grief stricken for years.

I truly believe that everyone deserves a peaceful death and that the loved ones they leave behind will have a more peaceful time of grief if they are being communicated with about what is about to take place. The more people can be educated and informed about the unknown, the more at peace they can be with their journey through grief. Grief hurts, and it does not matter if it is the loss of a beloved pet or a human. There is so much

stigma around grieving the death of a pet, and I was too ashamed that for years I could not talk about it. Although I am sure they were well meaning, people would often tell me, "Don't be sad. Go and get a new pet." I did not want a new pet; I wanted my four-legged best friend Ritzy back. I felt as if people minimized my grief because it was "only" a dog. But my loss is my loss. I would never tell someone who lost their mother, "Don't be sad. Just go out and get another woman." Nor would I tell someone who lost their father to "just go and get another man." So why is it acceptable behavior when some try to minimize pet owners' grief by telling them to not feel their loss and grieve after a beloved pet dies?

Russel Friedman, Cole James, and John W. James are co-creators of the Grief Recovery Institute, which is an excellent grief support system worldwide. They wrote a book titled *The Grief Recovery Handbook for Pet Loss*, where they affirm the notion that all loss is loss and no one's loss ought to be minimized by others. It can be confusing, especially for grieving pet owners, when others tell them to not feel bad. "It lands like a dagger in your heart. It's no wonder grieving pet owners are terrified to tell the truth about their feelings. It's also no wonder they soon begin to isolate themselves from people, fearful of hearing more unhelpful comments."[34]

It is not only a dog, or a cat, or a horse. It is someone's beloved family member, a loved one who has died. The reality of grief is that it hurts emotionally, physically, and spiritually. When Ritzy died, I had no awareness of what grief was, that it even existed. To grieve a loved one when they die is a normal response to that loss. Back then, no one told me about that, so my grief became a lifelong journey until my loss was processed

[34] Russell Friedman, Cole James, and John W. James, *The Grief Recovery Handbook for Pet Loss* (London, United Kingdom: Taylor Trade Publishing, 2014), 11.

and healed. I have made it my goal in life to tell people that it is not only normal to grieve when a loved one dies, but it is also a healthy thing to do. There are times when I must "give permission" to someone to cry after a loved one dies. Some try to be stoic and hesitate to cry because they have been taught it's wimpy. I tell them, "You go ahead and cry as much as you want. It's good for you." And they do feel better after a good cry. That's the reason God gave us tears, to use them when we are sad.

I share about what grief is with those who are preparing to say goodbye to a loved one. I tell them that grief can be painful, and that's OK. If you have loved someone, there will be grief once they are gone. Grief comes as evidence that we have loved someone who is no longer with us, and grief is like a gift because love never dies. I tell them this because it is far better to embrace the sadness we feel instead of rejecting it and being afraid of it. Rejecting the reality of grief can create havoc in our souls.

When people hear that their loved ones are dying, I help them to prepare for what is ahead. Saying goodbye to a loved one who is dying is not something where we automatically know what to expect. I wish someone would have told me what to expect about loss and grief all those years ago when I went through it. My ministry of being present with patients as they are dying, and helping their loved ones go through grief, is done in loving memory of my beloved Ritzy. The reason I was called into the ministry of pastor and chaplain was so that others can have a better grief experience compared to what I had when Ritzy died so many years ago. I was not going after this type of ministry; it came to me as a gift from God. It is a privileged presence.

The journey of grief can be a lifelong experience, and it can have all its emotional ups and downs almost like an emotional roller coaster. However, it is not a linear journey of going through one stage at a time in a straightforward manner. The grief journey is as unique to each person as their own thumbprint; everyone is different, and everyone deserves to grieve their losses. Even Jesus wept as he grieved the loss of His beloved friend Lazarus. "Jesus began to weep. So, the Jews said, 'See how he loved him!' But some of them said, 'Could not he who opened the eyes of the blind man have kept this man from dying?'" (John 11:35-37 NRSVUE). God made us this way. It is OK to grieve, to feel the pain over our loss, have sad feelings. It leads us to healing and compassion for ourselves and others.

It is time now to narrow down the reality of grief, and I return to Kubler-Ross and Kessler's book *Grief and Grieving*, which identified the five stages of grief that most of us go through after a loss. These five stages are very similar to the stages of a dying person at the end of their life. I came to find these same stages that Kubler-Ross spoke about as I worked with the dying patients in the ICU. After the patient's death, their loved ones came to see me for grief counseling, and they struggled with similar symptoms that their loved had. The difference was that the survivors had the gift of time on their side to process their stages of grief. They were not at the end of their lives and had more time to live life.

Kubler-Ross has been criticized by some therapists for applying these same five stages to those who are left grieving. Some of the critics have argued that the stages of grief are not helpful because they are passive, and made up of stages that are done to the mourners. I strongly disagree, as I have found them very helpful when working with

those grieving a loss. These stages were never meant to be something we just passively suffered through, but to be aware of and to also work through them with action plans on how to best move forward with our lives. The more we educate ourselves about our losses, the more we heal from them. Therefore, I am including them here. These five stages are unique to each person but differ when it comes to the length of each stage, or in some cases, no stage. The five stages are denial, anger, bargaining, depression, and acceptance — they are a part of what makes up our learning to live with the one we lost. They are simply tools in helping us reframe and identify what we feel.[35]

To be in denial when it comes to grief does not mean that you literally don't know that your loved one has died. It means that you can't fathom that they are gone, so for a split moment before you close the door behind you as you leave for work in the morning, you yell out, "Bye, honey. I'm leaving for work. See you at six." Then you suddenly realize that your loved one is not there to hear you. When we are in denial, we may respond at first with being paralyzed with shock or covered with numbness. We might be saying, "I can't believe she is dead" It is too much for our psyche to face, so we go into denial.[36] It does not mean we are remaining in denial forever; it simply means that it can be so overwhelmingly surreal to lose a loved one that we protect ourselves by dealing with it one baby step at a time.

I did a memorial service for Allen, a middle-aged man who had died unexpectedly, leaving behind his spouse Vera and their five children. Allen had also left behind several siblings whom I did not meet until the day of the memorial service. I had

[35] Kubler-Ross and Kessler, *On Grief and Grieving,* 7.

[36] Ibid., 8.

met with Vera and the five children several times after his death for grief support and for planning his service. His spouse and their five children were present at the bedside when he died in the hospital's ICU. I had not met with Allen's siblings until the day of the memorial service, which took place at a funeral home in Huntington Beach, California. During the service, Allen's brother Tim was one of the speakers eulogizing his brother. They had been great fishing buddies, and he had many stories of going fishing with Allen. Tim had also brought a fishing pole with him to the funeral home that he held onto during his speech. After he finished with his story, he turned around, walked over to the closed casket, and opened it wide. Then he proceeded to put the fishing pole in the casket on top of the body and said, "Yep, he is in there." Tim had been in denial over Allen's death and needed to see his dead body. The reality of seeing the dead body of his brother helped Tim to accept that Allen was indeed dead.

Denial is not always a bad thing. It helps us to accept something very painful that has happened, taking it in small portions so that we can accept it one step at a time. When people are grief stricken, it can feel surreal — "Is this really happening right now?" It can feel like being in a nightmare, and that we will wake up from it. Grief can be so very overwhelming, and at times it can feel as if a wave is washing over us so hard that it is difficult to stand up; we lose our footing. It is not unusual for us to turn away from the feelings of dealing with a loved one's death, at least at first. Often after a patient has died in the ICU, the family members abruptly leave the hospital saying, "I just can't deal with it right now. It's just too much for me."

We hear about death, or see it, and then part of ourselves shuts down. The reason for this is that we cannot tolerate the thought that our loved one is no longer here with us.

The thought of it is so incomprehensible on how this death will make us feel; the impact of it will be painful and so difficult to face. To fully accept the reality of losing a loved one makes us first go into denial.[37] To be in denial helps us to process our grief in small sized portions, like one spoonful at a time. When we are in shock or denial, we have a difficult time thinking and feeling, and it is hard to fathom that someone can be gone from our lives. It leaves us with a sense of a deep void in our souls.

It is difficult to fathom that a loved one is never going to give us a hug again, never going to walk into the kitchen to sit down for dinner with us again. When denial leaves us, the reality of the situation can be painful, but it is something that we need to process and face. Underneath the grief is the beginning to heal and move forward onto a new path where we must learn to live life without our loved one. We never get over the loss of a loved one, but we can learn how to live life again once we process and go through our grief.

When we begin to accept the reality of our loss, we begin to ask ourselves questions; we are beginning to heal. We get stronger the more we process, and eventually we get through the denial. When the denial leaves us we find that our true feelings are underneath to finally be processed.[38] Denial is not meant to remain within us for the rest of our lives, but only for a season so that we can get the courage to face our true feelings of sadness.

Anger is another stage of grief. We can be angry at ourselves for not having seen the death of a loved one coming before it happened. Perhaps we didn't listen when a

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[37] Carol Staudacher, *A Time to Grieve: Meditations for Healing After the Death of a Loved One,* (New York: Harper Collins Publishers, 1994), 11.

[38] Kubler-Ross and Kessler, *On Grief and Grieving*, 11.

loved one told us they were not feeling well, so we did not call for medical help. Now, we might feel angry at ourselves for what happened. As the chaplain in the ICU, I often saw that a dying patient's family members got angry at the doctors for not being able to save the life of their loved one. I attended all the ICU family meetings, where families were included and thoroughly updated about their loved one's medical process and prognosis. When the medical team and doctors had to let families know that their loved one had a poor prognosis, and was coming towards their end of life, there was anger towards the doctors. Anger does not have to be logical when it comes to death, dying, and grief. When Mary and her family were told by a team of doctors during an ICU family meeting that her husband Karl's organs were shutting down, and that he was actively dying, she became angry. The meeting was comprised of a compassionate team of medical experts who were delivering sad information about their patient. They had tried to medically treat Karl for two weeks while he was intubated on life support, not able to breathe on his own. The doctors told her that they had tried everything, and there were no further medical treatments that could keep Karl alive. Mary's response to them was anger as she started yelling at the medical team. "You are killing him!" she screamed at them. "You are the worst doctors I have ever met." She was angry because her husband was now actively dying after having been sick for so many years. When Karl died shortly thereafter, Mary's anger shifted to herself as she asked why she had not taken him to the hospital for medical treatment sooner. The reality is that it was Karl's disease that took over his frail body and ended his life. There was nothing that could have saved Karl's life.

There is no cure for death. All living things will eventually die, as we live in a broken world. The existence of sickness, disease, accidents, and evil in this world affects our lives daily. Sometimes people get angry at God after a loved one's death. Lisa's partner Pia died after she had been in a tragic car accident. Pia was put on life support for two weeks while receiving medical treatment. Sadly, there was no recovery, and there were two separate neurologists who declared Pia brain dead. It was recommended that the life support be removed, which would allow for a natural death. Lisa decided to follow the wishes of Pia, as she never would have wanted to be kept alive artificially, unable to breathe on her own to be stored away in a long-term facility. There was an organ donation, and then life support was removed. She died shortly thereafter.

I met with Lisa for grief counseling for months afterwards. After the initial shock of the death, Lisa was angry with God. She wanted to know why a loving God would "take Pia" and leave her behind with so much suffering and pain. She said someone at her church had told her it was not appropriate to get angry at God, which made her even more angry.

I responded to Lisa that God already knows that she is angry, so why not be honest and let God know how she really feels about this? God is big enough to handle her anger. Besides, God is loving and compassionate and cries with her as she is crying over her loss. The truth is that God does not need to "take" anyone because God is a giver, not a taker of lives. When there is anger involved, some people need to receive permission to be angry at God. It is OK to be angry, and God being the healer of our souls knows what we feel as we cry over a loved one's death. God is with us and loves us no matter what

we think or feel. After some time in my grief group, Lisa spoke about how freeing it was to her that it is OK to be angry, even at God.

One of my ICU patients came into the hospital at the age of 101. Her name was Sara, and she had suffered several heart attacks, which overtook her life and she died. Her son Jimmy had been living at his mother's house his entire life. He was 74 years old when she died. After Sara died, Jimmy got so angry at the ICU medical team that he called 911 and reported to them that the hospital had on purpose killed his mother. This information was not correct; however, the police arrived to the hospital, as did Jimmy's team of lawyers. Eventually there was a restraining order against Jimmy as it became clear that there was no crime committed. It was Jimmy's explosive anger over the loss of his mother that needed to be attended to. For several weeks after his mother's death, he would stand outside the hospital and scream, "You are all killers!" He was showing displaced anger after grieving the loss of his mother.

Anger is a necessary stage of the healing process after the loss of a loved one. We must be willing to feel and accept our anger; the more we feel it, the more it will dissipate and the more we will heal.[39] I am not advocating for yelling at and accusing medical staff for not being able to save our loved ones. There are healthier and more productive ways to deal with our anger. Once we allow ourselves to feel anger, we can move beyond it, and go deeper. Usually there is a lot of pain underneath the anger, and that is something we must attend to so we can be set free and have the healing we deserve. There are also times when we need to seek help from grief counselors to guide us through anger. Unresolved anger only leads to more anger, which leads to destructive behavior.

[39] Kubler-Ross and Kessler, *On Grief and Grieving*, 12.

Bargaining is another stage of the grieving process. Before a loved one's death, we might be pleading with God to spare their life. "Please God, if you keep my husband alive, I promise to go back to church every Sunday for the rest of my life." We might even bargain about the pain we feel after a loved one dies. Grief hurts, and we do not want to deal with the pain of it, so we bargain with God. People often think that each of the stages of grief will only last a few weeks or months. The stages can also be for minutes or hours as we flip in and out of one and another. These are not stages in a linear fashion.[40] Grieving the loss of a loved one can often feel like an emotional roller coaster, with high highs and low lows. It is exhausting to our whole body. A young teenage boy named Peter was devastated after his teenage sister had been placed on life support in the ICU. Her name was JJ and she had suffered several severe epileptic attacks. In a meeting with JJ's family, they were updated of the severity of the situation — more than likely, JJ would not be able to survive the event she had suffered. Her brother Peter began to cry out loud, "Please God, I will not tease her anymore if you keep JJ alive, please." Sadly, JJ died some time afterwards, and her loss was devastating to everyone, including the entire medical team.

Depression is another stage in the grieving process. In my own experience, I have never encountered anyone who did not get depressed after a loved one died. I would worry more about a person who does not get affected by a loved one's death compared to someone who gets depressed. When depression sets in after a loss, it is viewed as a normal response to our loss; it is not considered a mental illness. It is very much accepted and normal to feel the pain of losing a loved one, as it can hurt to the depth of our souls.

[40] Kubler-Ross and Kessler, *On Grief and Grieving*, 18.

After my mother's death, I became very depressed; it was an overflowing sense of sadness in my heart. I was with her in the hospital before she died. It was heartbreaking to see her so sick as she was going in and out of consciousness. Her organs finally shut down as the disease took over her body; she had struggled with alcoholism for many years. Although my family and I had anticipatory grief with the awareness that this disease would eventually overtake her life, it still came as a shock. As a family, we had done everything in our power to help her overcome the alcohol addiction, but to no avail. After numerous interventions, hospital stays, medications, and therapeutic treatments, she continued to consume alcohol, which led to cirrhosis of the liver.

Life without my mother felt surreal, even though I had expected it for years. My years of anticipatory grief turned into complicated grief, and I fell into a depression. I withdrew from life, and it felt like I was in a fog of being unable to think and do all those things I usually enjoyed doing. I lost my appetite, and lost weight. To me, it felt like the days were dark with shades of gray, even though in reality the sun was shining. My family tried their best to be supportive, but they didn't know how to. So, they tried to fix me, which was not helpful. "You have to be strong and get over it," they said. But the reality was that I needed to grieve in order to heal. Under normal circumstances I was the so-called strong one, but I did not want to be strong anymore. And it is OK to not be strong. It can be a challenge to see the difference between depression from grief and clinical depression. It was the help of grief counseling, talk therapy, and my faith in Jesus that helped me to process my grief and heal the depression. For me it was important to have Christian counselors who were able to bring God into the center of the healing that took place. It was during the depression I encountered the living spirit of Jesus, and that

is how I got my call to enter seminary, and eventually my ministry of being a pastor and chaplain. My grief gave me a deeper connection to God, and hope came alive. God turned it into a beautiful ministry to help others. Although I never needed medication, there are times when it is appropriate.

Grief and depression can have similar symptoms, with intense sadness, sleep disturbances, and changes in appetite. There are some instances when a grieved person not only gets depressed as part of the normal path of grief, but also develops severe depression and needs help from a medical doctor. When I do grief counseling with people who not only feel sad and depressed, but also feel worthless and have suicidal ideation, I immediately refer them to the medical experts. It can be complicated grief that became a clinical depression.

With grief, we see the world around us differently; it has become sad and empty. But if we have a depression, we usually feel empty on the inside. I agree with Sigmund Freud's definition of the difference between grief and depression. Freud believed that in grief, "the world looks poor and empty while in depression, the person feels poor and empty."[41] To be depressed when we find ourselves in a depressive situation is a normal response. I strongly believe that by numbing a normal response of sadness over a loss with artificial means such as medication might not be the best healing for our souls in the long term. When we have pain after losing a loved one, we have a built-in need to process our pain and not shove it down and pretend it is not there. Eventually it will rear its ugly head, and we might as well process it by naming the sadness, and grieve it so that we can move forward again. Kubler-Ross says that "in grief, depression is a way for nature to

[41] Worden, *Grief Counseling,* 31.

keep us protected by shutting down the nervous system so that we can adapt to something we feel we cannot handle."[42]

The final stage of grief is acceptance. I am not suggesting that everything will be perfect once we get to this stage, because that is not what will take place. We will always miss our loved ones; they will always be part of our hearts. But we will no longer feel the intense, acute pain that we felt in the very beginning of our loss. We will be different from what we used to be before they died. We are different because they are gone from our lives. During one of my grief counseling group sessions, a young mother named Thelma participated and shared about her teenage son's death. His death was a tragic drowning in a local public swimming pool. Thelma had not been able to verbally communicate about her loss for several sessions; we simply just sat together and cried over her tragedy. Eventually, after several months passed, she began to communicate and share her feelings of deep sadness, shock, guilt, anger, and depression. She went through all the stages daily, sometimes several times back and forth. With the grief counseling, we diligently worked hard with processing her grief. After about one year, Thelma began to have brief glimpses of accepting what a life without her son looks like. Thelma needed the reassurance that her son was indeed with God, and that one day she would see him again. When her son was alive, he had a fascination with ships sailing out on the water. Thelma found comfort through her Christian faith that with God anything is possible. Although she was not able to hold her son Theo in her arms for now, he was safely with God, where she too will be one day in the future. Processing grief takes time, and it is so worth it as Thelma slowly began to accept the painful reality that her son was gone from

[42] Kubler-Ross and Kessler, *On Grief and Grieving*, 21.

her sight, but not from God's sight. I had read a beautiful poem by Henry van Dyke that I often read when I officiate at memorial services. It is called "Gone From My Sight."

> I am standing upon the seashore
> A ship, at my side, spreads her white
> sails to the moving breeze and starts
> for the blue ocean.
>
> She is an object of beauty and strength.
> I stand and watch her until, at length,
> she hangs like a speck of white cloud
> just where the sea and sky come
> to mingle with each other.
>
> Then, someone at my side says,
> "There, she is gone."
> Gone where?
> Gone from my sight. That is all.
> She is just as large in mast, hull
> and spar as she was when she left my side
> And, she is just as able to bear her
> load of living freight to her destined port.
> Her diminished size is in me — not in her.
>
> And, just at the moment when someone says,
> "There, she is gone," there are other eyes
> watching her coming, and other voices
> ready to take up the glad shout,
> "Here she comes!"
> And that is dying.[43]

Thelma loved this poem; it described where her son is. She still carries a copy of the poem with her in her handbag to read when she needs to do so. It was helpful to her during the stage of accepting her loss. Her son Theo is not coming back, but the reality is that she is still alive, and needs to heal as she moves forward in life. She will never get over losing her son, but she is learning to live without him. It is her new normal, and she is accepting it one step at a time. Kubler-Ross and Kessler describe a very similar way in

[43] Henry van Dyke, "Gone From My Sight."

the acceptance stage: “We will never like this reality or make it okay, but eventually we accept it. We learn to live with it. This is where our final healing and adjustment can take a firm hold, despite the fact that healing often looks and feels like an unattainable state.”[44]

Barbara was in her second year of coming to my grief support group. The first year after her mother died, she said it felt like she was living her life in a heavy fog. The second year she returned for more grief counseling, and she was ready to accept her new normal. I invited her to go to a music concert. We spent the evening listening to Christian music, and it was the beginning of her new healing journey with new relationships. These days, she is inviting me to her new classes of line dancing and bird watching, and she recently went on a trip to Africa to go on a safari. She has a new journey to live.

New journeys can look different to different people. I usually make suggestions of listening to music, doing artwork, journaling, volunteering at an animal shelter or hospital, joining an exercise class, or going to free community classes to learn a new language. Everyone is different, so what works for one person might not work for another. However, it is worth trying something new and different so we can learn to accept our new normal living without our loved ones.

We need to learn how to live again, and that can take some time getting used to. When someone we love dies, it can feel as if we die with them, and we need to relearn simple tasks again. It is not unusual that I have to remind someone to simply breathe in air through their nose after their loved one dies in the ICU. When their loved one takes their last breath, the survivor almost always stares at their loved one, and then holds their

[44] Kubler-Ross and Kessler, *On Grief and Grieving*, 25.

breath. “Remember to breathe,” I gently remind them. Often, they look stunned as if to say, “why?” “Because you are still here and alive,” I gently tell them. It is a reminder that it can feel like life is over, but it is not. It is surreal to be left behind when someone we love dies. We need to actively go through the stages of grief and process our pain. It hurts, but it is a time to heal and learn new ways by moving forward. To accept our new reality can take time, and that is OK. We need to give ourselves some grace and practice self-care as we journey through a grief season.

As mentioned earlier, grief does not necessarily have to be a response to a loved one’s death. Grief can be our response to something that we have lost, something that was important to us and is no longer with us. Debra Holland describes it this way:

> Grief is a profound feeling of sadness and pain caused by an important loss, change, crisis, or failure, either actual or perceived. Although grief is usually associated with bereavement, many types of loss, such as a job, a move, a failed relationship, or health problems, can lead to grief.[45]

To grieve is part of being a human, to have loved someone or something that has been lost and that is no longer part of us. It is in the depth of a loss where we can feel as if a part of us died with the loved one who died. It is a very surreal feeling to have to remind ourselves that we are still alive and we will get through grief one step at a time with the help of others, either in a grief group, grief counseling, or talking to someone to have our feelings validated and normalized.

Grief cannot be avoided; we must go through the grief for healing to take place. To grieve means that we acknowledge that there is a loss in our lives, and we need to process our losses by feeling the raw sadness for losing a loved one. The void of their

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[45] Debra Holland, *Grief and Grieving: An Understanding Guide to Coping with Loss … and Finding Hope and Meaning Beyond*, (New York: Penguin Group, 2011), 3.

presence in our lives is a painful season that changes us, but the acuity of pain will not last forever. Grief can be a complicated experience that is unique to each person who goes through it. It is not an easy journey to be on, but there is no other way to go through it but one step at a time if our goal is to one day in the future be healed.

Those who go through grief have a difficult time describing what they are experiencing. As Holland writes, "Many in the depths of grief find words inadequate to explain how they feel. Others, especially those grieving the death of someone close to them use words like, 'raw,' 'unpredictable,' 'empty,' 'terrified,' 'isolated,' 'confused,' 'exhausted,' and 'wild' to describe their emotions."[46] Mourners attending my grief group often tell me that they have feelings of their life being surreal immediately after a loved one died. At times grief washes over us like a wave and then dissipates, leaving us with tears and deep sadness. When we let the feelings of sadness and grief become part of us, it creates a space for healing to begin within us. If we try to deny our losses by denying or minimizing our feelings, grief remains unprocessed within us and can pop up again some years later. It is far better to embrace our grief and allow the healing to begin.

Immediately following the death of a loved one, grief can feel intense and chaotic. It seems as if the world around us has changed, and is very different now after our loved one is no longer here with us. We can even be forgetful of normal things that we have been doing for years, but while grieving we must be careful even when driving a car because we get affected in more ways than we think we have.

Grief hurts and it is painful, not only emotionally, but also spiritually and physically. When someone whom we have loved dies, there is an emptiness that feels like

[46] Holland, *Grief and Grieving*, 5.

an empty space of avoidance of love, a void that can create havoc in our lives if we do not attend to the pain, if we leave it, or ignore it to heal itself. Grief does not heal itself as long as we avoid it and pretend it is not there. Grieving takes time, and there needs to be a safe space for us where we can grieve and eventually heal from the acute pain of a loss. There are a variety of ways to heal from grief, such as attending grief groups, grief counseling or self-help resources that are readily available through churches or other organizations.

I have learned through my own grief process that there is healing and new hope after the grief leaves us. It is like a new life, a new way to live as we learn how to live without those we used to live with. There is so much hope because God is with us and reminds us that we are still alive. Although it might have felt like the world stopped after they died, the reality is that we are still in this world. Kubler-Ross writes, "Everyone experiences many losses throughout life, but the death of a loved one is unmatched for its emptiness and profound sadness. Your world stops."[47] It is as if the world has stopped, but it is temporary. We will move forward again. We don't need to run away from grief, even if it might make us feel uncomfortable because of the pain it gives us. We will have losses and it is OK to cry, to lament and process our pain. After the rain, there is a rainbow with hope again.

Life is fragile. We get used to being alive, and we know what our current existence feels like, but nothing lasts forever. There are seasons to life, too. When a loved one dies, we must grieve that loss so that we can continue to live out our lives in hope and purpose. Most of us are familiar with loss, even if it was not a death. Someone we

[47] Kubler-Ross and Kessler, *On Grief and Grieving*, 29.

lived next door to packs up and moves away, someone we worked with quit her job and left — it is a change in our lives. When we lose someone we have loved, it is normal to feel sad and grieve our loss. It is also normal to cry and shed tears over pain. We know what happens afterwards. Pain and sadness enter, and we don't like it at all.

My own personal theology is that we are all spiritual beings with a human experience as we live out our lives in this world under the umbrella of the Twenty-Third Psalm. We live in a complex world where there is pain, suffering, death, dying, and grief. Yet, we are not walking through this experience of life alone; God is with us and would never leave or forsake us. I believe that God is for all; no one is excluded from God's love, grace, and acceptance. I believe that as we walk through life on this side of heaven, God walks with us as our spiritual guide, leading us on the path towards eternity where we will be face to face with Jesus. Our lives here are lived under the shadow of death, knowing that one day we will face our own death. Under this shadow we learn how to love and accept ourselves and others. God is love, and as we journey through this life under this shadow, with all of its ups and downs, God is walking with us, leading us forward to the safety of eternity. God's love shows us from the Twenty-Third Psalm that we have nothing to fear because we walk in the hope and peace of God. The Twenty-Third Psalm is an illustration of what our lives look like to God, and to us. This is a reminder that there is going to be suffering in this broken world; there is a shadow of death above to remind us of death, but it is temporary. New life in eternity, in the house of the Lord, is waiting for us after death. The best is yet to come.

When we can be at peace about knowing that we are not walking through this life alone, that we belong to God and there is another life waiting for us in eternity, then and

only then can we be at peace about death and dying. We can have the assurance that there is so much more to come; there is life after death. But many live with the notion that this life is all that there is and will go to any length to keep it that way.

Some Americans believe that when we get closer to the end of our lives, we need to do something to prevent us from dying. Instead of accepting the inevitable, there is a rush to a hospital's emergency room to get the medical assistance to keep us alive as long as possible, no matter what the circumstances are. Instead of quality of life, there is a desire for a quantity of life. In the end, that is not often achievable, nor is it the best solution for someone who is already in the dying process. "For everything there is a season and a time for every matter under heaven: a time to be born and a time to die ..." (Ecclesiastes 3:1-2 NRSVUE). We must learn to accept that life is temporary.

From my work experience in the ICU, most of the patients are artificially kept alive on life support towards their end of lives. Many patients have family members and friends visiting them, especially in the beginning during the patient's first week on life support. The average time spent on life support in the ICU is two weeks. Then decisions must be made about following the patient's wishes if there is no meaningful recovery for them. Most people want to live forever, and they believe death is something that happens to others, but not to them. With the modern medicine that we have living in a wealthy country like America, we think that we can do anything we want, including prolonging our lives to live forever. Some think that doctors are like gods who can keep patients alive no matter what their diagnosis is. And then when the reality of death takes place, people get very angry.

It is time for America to take a long hard look at ourselves and accept that this life here is short and fragile, and we are in this together. No one is perfect, and we all have seasons of suffering, sadness and grieving the losses in our lives. It is time to give each other grace, because that is what God has given to us. Our lives here are all by God's grace. Some people live with grief that is not from a loved one's death. Grief can be our response to something that we have lost, something that was important to us and is no longer with us. Debra Holland describes it this way: "Grief is a profound feeling of sadness and pain caused by an important loss, change, crisis, or failure, either actual or perceived. Although grief is usually associated with bereavement, many types of loss, such as a job, a move, a failed relationship, or health problems, can lead to grief."[48] To grieve is part of being human, to have loved someone or something that has been lost and is no longer part of us. It is in the depth of a loss where we can feel as if a part of us died with the loved one who died and is no longer with us. It is a very surreal feeling to have to remind ourselves that we are still alive and we will get through grief one step at a time with the help of others, either in a grief group, grief counseling, or talking to someone to have our feelings validated and normalized.

Grief cannot be avoided; we must go through the grief for healing to take place. To grieve means that we acknowledge that there is a loss in our lives, and we need to process our losses by feeling the raw sadness for losing a loved one. The void of their presence in our lives is a painful season that changes us, but the acuity of pain will not last forever. Grief can be a complicated experience that is unique to each person who

[48] Holland, *Grief and Grieving*, 3.

goes through it. It is not an easy journey to be on, but there is no other way than to go through it but one step at a time if our goal is to one day in the future be healed.

Those who go through grief have a difficult time describing what they are experiencing. As Holland writes, "Many in the depths of grief find words inadequate to explain how they feel. Others, especially those grieving the death of someone close to them use words like, 'raw,' 'unpredictable,' 'empty,' 'terrified,' 'isolated,' 'confused,' 'exhausted,' and 'wild' to describe their emotions."[49] People attending my grief group often tell me that they have feelings of their life being surreal immediately after a loved one died. At times grief washes over us like a wave and then dissipates, leaving us with tears and deep sadness. When we let the feelings of sadness and grief become part of us, it creates a space for healing to begin within us. If we try to deny our losses by denying or minimizing our feelings, grief remains unprocessed within us and can pop up again some years later. It is far better to embrace our grief and allow the healing to begin.

Immediately following the death of a loved one, grief can feel intense and chaotic; it seems as if the world around us has changed and is very different now after our loved one is no longer here with us. We can even be forgetful of normal things that we have been doing for years; while grieving, we must be careful even when driving a car, because we get affected in more ways than we think we have. After my mother's death, I forgot to turn on the headlights on my car while driving at night. When other cars alerted me to that by telling me to turn on the headlights, I simply had no idea how to do it. Grief can be powerful, but God's hope is even more powerful.

[49] Holland, *Grief and Grieving*, 5.

Grief hurts and it is painful, not only emotionally, but also spiritually and physically. When someone whom we have loved dies, there is an emptiness that feels like an empty space of avoidance of love, a void, that can create havoc in our lives if we do not attend to the pain, if we leave it, or ignore it to heal itself. Grief does not heal itself as long as we avoid it and pretend it is not there. Grieving takes time, but with God's loving presence with us as described in the Twenty-Third Psalm, we are not alone — God is guiding us through this life that is full of losses. It is safe for us to walk through this journey on this side of heaven where we can grieve and eventually receive healing. God is the source of all hope, even with grief, and there are several helping hands to help us through by attending grief groups, grief counseling, or using self-help resources that are readily available through churches or other faith-based organizations. I strongly believe that the only true and lasting healing is with the hope of God.

Most people avoid the topic of death and dying because they have had some awareness of the pain of grieving someone or something. They also don't want to talk about it because it reminds them that one day they too will die, and they don't want to think about that. It would be too painful, so it's easier to avoid talking about it. Dr. Raymond Moody says that there are two main reasons that people avoid the topic of death. One reason is that people believe that if they talk about death, it will make their own deaths come to them quicker than if they would have avoided the topic. It makes people come out of their denial and remember that they too will have to face their end of life one day. They are reminded of their own mortality. The second reason is "that it is difficult to discuss death, as it is rooted in the very nature of language itself. For the most part, the words of human language allude to things of which we have experienced

through our own physical senses. Death, though is something which lies beyond the conscious experience of most of us because most of us have never been through it."[50]

To engage in healthy conversations about end of life, the topic of death needs to be introduced long before death is imminent. It is complicated and stressful if the topic of dying comes up for the first time when a person ends up in the ICU and they are told by a medical team that they are actively in their dying process. That creates psychological chaos and shock not only for the patient, but also for their loved ones. Some survivors experience post-traumatic stress disorder, or PTSD, and that creates even more fear about death and dying. The more we can create space and time to have healthy conversations about life, death, dying, and grief, the more we can accept that our lives here have an ending, but there is more to come. There is a new life after this life, and we are all on a journey heading there. There is hope after all, and the only hope that is real is the hope in God. Amen.

The Reality of Death and Dying

The best kept secret is that dying is not really such a bad thing. We tend to spend our lives trying to avoid it at all costs, but no matter what we try to do to avoid it, at some time our lives here will end. Death cannot be avoided, as our lives here in this world have a beginning and an ending. The most cited biblical text that I read to mourners when I do memorial services is from the book of Ecclesiastes. It is as much realistic as it is a peaceful reminder to us that from the very beginning of time it was established that there is a beginning and an ending to everything. We cannot change the reality about endings, but we can accept and embrace it. "For everything there is a season and a time for every

[50] Raymond A. Moody, *Life After Life* (New York: Harper Collins Publishers, 2015), 2.

matter under heaven: a time to be born and a time to die …" (Ecclesiastes 3:1-2 NRSVUE). We do not like to focus on or think about the ending of our lives. We prefer to celebrate the beginning of life when there is a birth of a new baby. Family and friends rejoice and bring gifts for the new child who has been born. Even entire neighborhoods bring casseroles and welcoming gifts to their neighbor as they arrive home with a new baby or babies. It is universal; birth is a positive thing.

Death is not celebrated, and we spend a lot of time and energy trying to avoid the topic of death and dying. We don't even want to talk about it because it might be unpleasant. As a chaplain, being immersed in the topic of death and dying is a normal occurrence. On an average day, I spend more time with dying patients than with people who are not dying. I have found that dying patients have much wisdom about life and death, and our conversations are deep and authentic. They do not have time for any pretending or faking it. They are real, and they are the experts in the field of death and dying. I am their student, and they have taught me so much. The more time I have been immersed in this topic, the more it has become normalized and an accepted and embraced part of my life. I do not mystify death and dying, and that has been helpful in my own life as well as to those I minister to.

But even health care providers, doctors and nurses, and clergy do not necessarily embrace death and dying the same way I do. Even some who work alongside me in ministry avoid the topic of death and dying; it is taboo to them. I was the speaker at an event about hospice care and end-of-life issues. It was about some new educational information about the best practices and care for our end-of-life patients. The event was held at a local mortuary in town, and the people attending it were those who worked with

end of life, hospice palliative care workers and hospital staff as well. I knew the mortuary staff well, as I had officiated at numerous memorial services at the mortuary. The mortuary had been remodeled, and they had added a dining room, which was the location for the event.

After the educational hospice presentation was completed, there was a dinner for the attendees. I was seated at a table having dinner with the others who had attended the event. Some of the attendees more than likely had not heard the end-of-life presentation and might not even have known we were indeed in a mortuary having dinner. At least that was my personal conclusion as a nicely dressed middle-aged man seated next to me casually asked me, “So what do you do as a chaplain — where do you spend most of your daily time?” It seemed like a standard conversation piece to me. After all, we all were sitting having dinner at a mortuary after the end-of-life presentation about hospice care. It seemed obvious to me at least that I could be honest with these people because they are in the same business as I am, the death and dying business. Therefore, I responded without any hesitation, “I spend the majority of my time being with people who are dying. When they die, I spend my time with their loved ones doing grief counseling.” It was an honest reply, and I did not anticipate anyone at a hospice event at a mortuary would even flinch about my response. I was just about to ask the nicely dressed man what he did for a living when he said with a voice full of disappointment, “Oh no, that is not something we should talk about. I don’t want to be reminded of dying.” Then after he said that he stood up, removed his dinner plate and beverage glass from the table and moved to another table. Was it something I said? It’s not always easy to be a chaplain talking about a topic that is taboo.

Some people avoid the topic of death and dying even when they work with death and dying because they are uncomfortable with their own mortality. Avoiding this topic does not make death and dying go away; it still exists. I have a deep desire to change the current cultural taboo of talking about death and dying, and instead help people to accept and even embrace the topic. When death is accepted, embraced, and normalized, people become hopeful about their end of lives. There is hope in dying, as the best is yet to come. When we do not speak about the topic of death and dying, it becomes a mystery that can give fear and anxiety about the unknown. Some think that if we talk about death and dying, then it will happen to them too. Another reason for it being avoided is that "it is rooted in the very nature of language itself. Human language alludes to things that we have had experience with through our own physical senses. Death is something we have not yet experienced.[51]

By having conversations about death and dying, we engage with each other through common language, and that makes it easier and more acceptable by engaging through talking about it. When a difficult topic is normalized by having conversations about it, it gets normalized and destigmatized. Years ago, when I first came to America, I was positively surprised to find that people talked openly about topics that were taboo in my birth country of Sweden. American people openly engaged in conversations about mental illness, addictions, and alcoholism. These topics were taboo and not spoken about in my own Scandinavian culture. When I had made attempts to engage in conversation about it in Sweden, I was often shamed by others, and I was told to stop talking about it. That was not helpful because the topics then remained a mystery and were kept quiet

[51] Moody, *Life After Life*, 2-3.

about. That also meant that there were no therapies offered to those who needed them, no recovery groups or rehabs, because addictions were taboo to talk about. When challenging topics are acknowledged and openly spoken about, there is freedom from the fear that secrecy often brings. The more we can talk about a topic, the more it is normalized and opens up to solutions and healing. Healing comes for those who acknowledge their need and talk about it. Having conversations is the first step in the healing process through various support groups, counseling, and medical therapies. Addictions and other unhealthy behavior cannot be overcome with secrecy and taboos. There is no healing if it remains taboo. It was refreshing to see that the American culture was more open to talking about addictions to drugs and alcohol, because it became a normalized topic and there were so many who struggled with it. So, it is the same with the topic of death and dying. We need to engage in conversations about it so that it does not remain taboo.

I have found that the Bible does not avoid the topic of death and dying. Instead, it is filled with passages about death and dying, as well as passages about pain and suffering. After the pain and suffering, there is a hope that is offered to all people. God's Word offers hope, peace, healing, and comfort in the eternal life after this life. Yes, there is suffering in this world, and we do not suffer alone as God is with us. Yes, there is life after this life. There are so many biblical passages that provide hope after death, the promise of eternal life. I have included a few of those passages here. My favorite passage is from 1 Thessalonians:

> Then we who are alive, who are left, will be caught up in the clouds together with them to meet the Lord in the air, and so we will be with the Lord forever (1 Thessalonians 4:17 NRSVUE).

Nevertheless, do not rejoice at this, that the spirits submit to you, but rejoice that your names are written in heaven (Luke 10:20 NRSVUE).

For God so loved the world that he gave his only Son, so that everyone who believes in him may not perish but may have eternal life (John 3:16 NRSVUE).

Whoever believes in the Son has eternal life; whoever disobeys the Son will not see life but must endure God's wrath (John 3:36 NRSVUE).

But those who drink the water that I will give them will never be thirsty. The water that I will give will become in them a spring of water gushing up to eternal life (John 4:14 NRSVUE).

Do not work for the food that perishes but for the food that endures for eternal life, which the Son of Man will give you. For it is on him that God the Father has set his seal (John 6:27 NRSVUE).

And this is eternal life, that they may know you, the only true God, and Jesus Christ, whom you have sent (John 17:3 NRSVUE).

But now that you have been freed from sin and enslaved to God, the fruit you have leads to sanctification, and the end is eternal life (Romans 6:22 NRSVUE).

For the wages of sin is death, but the gift of God is eternal life in Christ Jesus our Lord (Romans 6:23 NRSVUE).

I consider that the sufferings of this present time are not worth comparing with the glory about to be revealed to us (Romans 8:18 NRSVUE).

Because we look not at what can be seen but at what cannot be seen, for what can be seen is temporary, but what cannot be seen is eternal (2 Corinthians 4:18 NRSVUE).

But for that very reason I received mercy, so that in me, as the foremost, Jesus Christ might display the utmost patience as an example to those who would come to believe in him for eternal life (1 Timothy 1:16 NRSVUE).

Fight the good fight of the faith; take hold of the eternal life to which you were called and for which you made the good confession in the presence of many witnesses (1 Timothy 6:12 NRSVUE).

The saying is sure: If we have died with him, we will also live with him (2 Timothy 2:11 NRSVUE).

> I have fought the good fight; I have finished the race; I have kept the faith. From now on there is reserved for me the crown of righteousness, which the Lord, the righteous judge, will give me on that day, and not only to me but also to all who have longed for his appearing (2 Timothy 4:7-8 NRSVUE).
>
> And after you have suffered for a little while, the God of all grace, who has called you to his eternal glory in Christ, will himself restore, support, strengthen, and establish you (1 Peter 5:10 NRSVUE).
>
> And the world and its desire are passing away, but those who do the will of God abide forever (1 John 2:17 NRSVUE).
>
> And this is the testimony: God gave us eternal life, and this life is in his Son (1 John 5:11 NRSVUE).
>
> I write these things to you who believe in the name of the Son of God, so that you may know that you have eternal life (1 John 5:13 NRSVUE).
>
> And we know that the Son of God has come and has given us understanding so that we may know him who is true; and we are in him who is true, in his Son Jesus Christ. He is the true God and eternal life (1 John 5:20 NRSVUE).
>
> But you, beloved, build yourselves up on your most holy faith; pray in the Holy Spirit; keep yourselves in the love of God; look forward to the mercy of our Lord Jesus Christ that leads to eternal life (Jude 1:20-21 NRSVUE).
> They will hunger no more and thirst no more; the sun will not strike them, nor any scorching heat, for the Lamb at the center of the throne will be their shepherd, and he will guide them to springs of the water of life, and God will wipe away every tear from their eyes (Revelation 7:16-17 NRSVUE).
>
> And I heard a loud voice from the throne saying, see, the home of God is among mortals. He will dwell with them; they will be his peoples, and God himself will be with them and be their God; he will wipe every tear from their eyes. Death will be no more; mourning and crying and pain will be no more, for the first things have passed away (Revelation 21:3-4 NRSVUE).

A parishioner at my church was coming closer to the end of his life. He was an elderly man of Christian faith, and over the years we became great friends. We had many conversations about what he was hoping heaven would be like when it was his time to go

there. After he had attended a memorial service that I had officiated for another parishioner, he came up to me after the service and said, “Do exactly this same service for me too when you do my service.” I asked him what it was that had resonated with him about the service I had just completed. He responded that it was with the gentleness and softly spoken words that I had recited from John 14. Jesus had promised that he was coming to bring him home to eternity.

Seth shared with me over the years that he was at peace with dying because he knew where he was going — he was going to Jesus. Seth attended church every Sunday morning, and he came to my Bible studies when he was able to drive himself there. He was a very calm and sweet person who was not bothered by the small stuff in life. I noticed a big difference in Seth as we had many conversations about the end of life; it became normal for him to talk about it. He became less afraid and began to embrace that his life was coming to an end. During the last few weeks of his life, I went to his house to be present at his bedside early every morning. Seth would ask me from time to time about certain Bible passages that he had been thinking about and that he wanted to have a conversation about. We had many long and deep conversations about his long-lived life, his imminent death, and what eternity would be like as he was preparing to die. Then early one morning he asked me to again read from John 14:

> Do not let your hearts be troubled. Believe in God; believe also in me. In my Father’s house there are many dwelling places. If it were not so, would I have told you that I go to prepare a place for you? And if I go and prepare a place for you, I will come again and will take you to myself, so that where I am, there you may be also (John 14:1-3 NRSVUE).

Then with a whisper, a barely there voice, Seth said to me, “He is here now for me. I love you. Bye, kiddo.” With those words, Seth took his last rattling breath and went

into eternity. I cried. It felt like I was on holy ground; it was so peaceful and serene. Seth's life here was over, and his new life in eternity was waiting for him. The hard part with dying is not in those who go into eternity. The hard part is to be left behind.

Seth had been on a path of normalizing death and dying. The more often we had conversations about it, the more he accepted it. Death did not come any quicker because we talked about it. After all, I am still here. Death came when it was his time to go. The more we had spoken about his end of life, the more he accepted it, and in the end, it was a good death. He was at peace when he died, and he died with hope. Hope in God knowing that eternity was waiting for him. Because it is.

The more we can be informed and educated about important topics that will eventually affect us, the better off we are. People would be living with less fear and more hope in their hearts if they could have conversations about death and dying, including their own death. The challenge is that not many of us have had any experience with dying, so how can we know what to expect during the end of our lives? Our lives here are temporary. According to the Bible, there is an eternal life waiting for us after this life. There is life after life. To die is to transition from this life into eternal life with God.

The Bible is full of the reassurance that there is more life to come after this life. That gives us hope knowing that there is more to come. Hope belongs to all people, whether they are Christians or not. I believe that the best is yet to come for all people. Dying is to transition from this temporary life into eternal life. There is hope for all people; no one is excluded from God's hope. From my personal experience, I am a witness to this hope in God, as I have seen and heard from my patients telling me their

stories. Some were pronounced dead but came back to life after having seen eternity. Their stories are powerful examples of what God's hope is all about.

Jonas came into the ICU every morning at the same time, 7:30 a.m. He had spent several weeks visiting his sick wife while she was in the hospital. That length of time was long enough for Jonas to figure out when would be the best time to come and visit his loved one in the ICU. The shift change of the nursing staff takes place every morning at 7 a.m., and it usually takes the night nurses an average of thirty minutes to share all new medical updates about her patient with the day nurse. By 7:30, we all knew that Jonas would arrive with a box of freshly baked bagels or donuts for the staff to share. And he always was the first one to receive the latest update about his wife from the day nurse. "How was her night?" he would ask. "No improvement yet," the nurse mostly responded.

The patient, Ellie, was a pleasant middle-aged woman. She had spent her entire working life as an office secretary for a small company. Ellie and Jonas did not have any children, and it was with some sadness that, after all the years they had been married, Ellie still spoke about the void in her life over not having any kids. She said, "It was not meant to be." She did not engage in conversations easily, which made sense because she was a patient who needed to rest and recover from a procedure she had gone through.

However, there was no recovery for Ellie; she did not improve the way the physicians had anticipated. She did not respond to the medical treatments that she was receiving, and she kept going in and out of consciousness. Her procedure had not been traumatic, and the medical staff could not figure out the reason for her decline. There was a Code Blue late one evening when her heart suddenly stopped. The trauma team quickly arrived to the scene and gave her cardiopulmonary resuscitation, or CPR, which meant

that the medical trauma team took turns pushing down on her chest, massaged the heart, and gave her medications that were needed. They also gave electrical shocks to her heart. Eventually they got a faint heartbeat, and she was intubated and placed on life support. That encounter is usually very stressful for the patient's family members to watch. My role is to protect and bring the family members to a safe and secure location, which in this case was a family consultation room in the corner of the ICU.

I brought Jonas with me into the safety of the family consultation room while the entire ICU medical trauma team with experts, doctors, nurses, and other specialists worked hard to save the life of his wife. Periodically I left the room to go to check and get updates on how everything was going with the patient, if the team was able to resuscitate her, or if she would die. I gave Jonas the latest updates and then sat on the chair opposite him in the quiet room. It was getting dark outside, and the room was getting dark as well. We made some small talk, I prayed for him and his wife. I was very surprised how calm and peaceful Jonas was during this traumatic event that was taking place outside the door. Usually family members are in shock, scared, and loudly crying when a loved one is being resuscitated during a Code Blue. It is a traumatic event for most people, including the trauma team as a death is taking place. Not Jonas; he was very contemplative and peaceful. He was calm, something I had not seen before in family members waiting to hear that their loved one has died. Jonas was different. I was quiet, allowing time and space for Jonas to speak about what was in his heart. I refer to this as space for God to enter in.

After some time, Jonas said, "Chaplain, you are not going to believe me when I tell you this. I have never told this to anyone before." He then proceeded to tell me his

story. “I died and went to heaven,” he said. He told me about how Ellie had nagged him for their entire marriage to come with her to church. “I didn’t want to because I didn’t believe in God.” Ellie had been a believer when they met; Jonas was an atheist. Ellie had been a churchgoer, but Jonas was not. He went on to share that he had been in the business of walking on the wrong side of the tracks: “I robbed banks. One night I was caught as I tried to break into a bank, and a security guard shot me.” After Jonas was shot, he remembered seeing himself from above lying dead on the ground. “There was no pain from having been shot,” he said. He sensed he was floating above the scene when he had seen “a bright white light” and found himself walking through a long dark tunnel. Jonas felt that he was being “embraced by an amazing peace and love that I have never felt and experienced before in my whole life.” He said, “After the tunnel, I saw the face of Jesus; I felt this intense love from his presence. It is true — Jesus loves me. My wife had told me that Jesus loved me, but I never believed her. How could he love someone like me?”

Jonas had been an atheist before his near-death encounter. He said it was during that moment that he came to believe from seeing Jesus and feeling that he was deeply loved. During the near-death encounter with Jesus, Jonas came to believe for the first time in his life. He said that he wanted to stay with Jesus in this peaceful setting, but he heard the words from Jesus saying to him, “It is not your time yet. You have to go back. Ellie will need you.” A moment later, Jonas found himself in a hospital operating room, where doctors were performing a surgery of some sort on him. He had seen himself from above, and there was no pain involved. He did hear them say, “He is coming back — we have a pulse now.” Jonas was disappointed that he was still alive, because “I wanted to

stay with Jesus in heaven." Jonas' life changed from that moment. He gave up his old job of robbing banks and took a new job. He also became a strong believer in Christ and began to accompany his wife to church.

The near-death encounter that Jonas experienced some years ago gave him peace and helped him cope with the reality that his wife was about to face her end of life. He had had experience with dying. "I know where she is going, and I will see her again when it is my time to go," he said. "God will take care of her." Then he said, "That must have been the reason I was sent back to life — to be here for Ellie when she dies." Jonas found comfort in and was at peace because of his near-death encounter. His story was filled with hope, love, and overflowing with God's promise of new life in eternity. Jonas had never told his near-death encounter to anyone before, because he was concerned that people would judge him. There are many more people who have had a near-death encounter but are keeping it a secret due to the judgment they fear. My hope is that the more people will be open to talk about it, the more it will normalize the topic of death and dying so that it removes the taboo and fear of this topic.

I believe there are more near-death encounters, but people are hesitant to tell others about it for fear of being judged, so it remains their secret. Most of the near-death encounters that have been shared with me have in common their opening statement before telling their story: "You are not going to believe me when I tell you this …" and "I have never told this to anyone before." They shared their stories with me when they felt safe and not judged. It was also when someone else was dying that their story came to the surface to be shared.

Despite the CPR, there was no response from Ellie; she was not coming back to life. Jonas had gotten her favorite chocolates from See's Candy. When the breathing tube and life support system was removed, Ellie died with a small piece of butterscotch from See's Candy on her lips. It looked like she had a faint smile on her lips. I prayed at her bedside with Jonas and the entire critical care team holding hands and saying their goodbyes to her. We would all miss Ellie, and we would miss seeing Jonas coming into the ICU every day — not because he brought bagels and donuts for the staff. It was because he was different. He had prior knowledge of having been dead, and he brought much peace with him when he came into the ICU. His spirit gave love and peace to everyone around him, the same way he had described that the face of Jesus had done for him during the near-death encounter.

The Bible provides much comfort for us that there is so much more to life than what we can see here in this life. Even for those who have not yet come to trust in God, there is still a time for everyone to come to know and be with God in eternity. I have listened to stories and heard so many of my patients who have told me about their near-death encounters. Often, they begin with this sentence, "Chaplain, you are not going to believe me when I tell you this." When I hear a patient telling me that sentence, I know that they are about to share a personal near-death encounter. Many patients have kept their near-death experience a secret out of fear of being ridiculed. Many hesitate to tell others about their near-death encounter because they do not want to be judged as mentally unstable people, because they are not. From all the stories that have been shared with me from those who had a near-death experience, they have a very similar description

of how they feel about their encounters. Everyone reported to me that they felt loved, peaceful, and hopeful when they met Jesus face to face.

Each patient's story had some similarities; it was a warm, bright white light that was whiter than anything they had ever seen before. Another similarity was that there was a long dark tunnel that led them to an opening, where they were met with the face of Jesus Christ. This face of Jesus was not like a typical human face with eyes, nose, and mouth. It was described as a powerful bodily spirit. Each patient reported that "I know it was the face of Jesus." That description was reported to me even when the patient had not previously been a Christian. They still described it as the face of Jesus. It did not matter whether they had been followers of Jesus their entire lives, or if they had been an atheist when the experience took place; still they reported that it was the face of Jesus. Another similarity was that they had no fear of seeing the face of Jesus. They reported that they felt a love they had never felt before, a peace and hope they had never felt before. They felt loved, at peace, and hopeful, even when they came back to life. In my experience with hearing these encounters from my patients, I have never heard any patient tell me that they saw any other person than Jesus Christ. If the patient with a near-death experience was not a believer before their encounter, they came to believe in Jesus after their encounter. No one is excluded from seeing this face of Jesus; everyone is included. Another similarity that each patient shared with me is that they had no desire to return to their previous life; instead they wanted to stay and remain with Jesus. Each person shared that they were disappointed when Jesus said, "It is not your time yet."

Each one of the stories about near-death experiences is very powerful. Although each patient had several similarities with each other, they had no relation to each other,

and each story was told to me at different occasions. I was struck by how similar their near-death encounters were to each other. Their encounters changed them in a very similar way: They were no longer fearful of death and dying. Instead, they are looking forward to the eventual end of their lives without any hesitation or fear. They have seen the place where they are going after this life is over. Each one of the patients had their own experiences of having died. They were at peace with their own mortality because they had been to eternity and come back. Because I have heard from many of my patients about their near-death experiences, I decided it was time to tell others about this good news. I began to preach sermons about near-death encounters intertwined with Bible texts about hope in God, and eternal life in heaven. I was amazed how the majority of the parishioners came up to me after the Sunday service to let me know how helpful it had been to hear those near-death encounters from the sermons. They shared that they felt more hopeful and less fearful about their own eventual death. And some told me about their own personal near-death encounters that they had never told anyone about, until now. I have preached about it, taught workshops about it, and encouraged authentic conversations about it, and every time the attendees tell me how hopeful they are after hearing and talking about the topic of death and dying. It normalizes and removes the taboo from talking about the inevitable. It gives joy to our souls and hope in a loving God who accepts us and receives us all when it is our time to go home to eternity. God has prepared a place for us all, and we are invited to come.

Dr. Moody did extensive research, studying approximately 150 cases of people who had reported a near-death experience. He wrote that these experiences of dying all had many similarities to each other, and he found that there were about fifteen separate

elements that are repeated over and over again in each of the encounters. In my personal experience with patients sharing their near-death encounters, there are several similarities, and their stories are also very unique in each individual circumstance.

Dr. Moody received a report about a man who had died and come back to life. He had heard the doctors pronounce him dead as he was floating above the operating room where he had died. Then he had described that he was going through a long dark tunnel. He reported that he saw people he knew who had already died years ago, and they came to meet and greet him. He then was met with a warm loving spirit of a bright white light that appeared before him. His entire life was evaluated, and he heard that "it is not your time yet," and he had to return back to life. He wanted to stay there with the spirit of this warm, bright white light. He did not want to return to life, but somehow, he was being returned to his physical body again. The man attempted to tell his story to others, but he could not because there were no words that could describe his experience. He was a changed man because he was no longer fearful of dying; he now knew what the afterlife will be like.[52]

In my experience as a chaplain, there was a big difference between being the chaplain in the hospital's ICU and being the chaplain for hospice. In the ICU, I usually had two patients dying per day. During the season between Thanksgiving and early February, the daily deaths doubled in the ICU, mostly since that season increased stress for many people. Being the chaplain in hospice, there were no deaths during my shifts. More end-of-life patients ended up dying in the ICU than in hospice. That is a very sad reality of how we view death and dying in America today.

[52] Moody, *Life After Life*, 12-13.

Most of the deaths in the ICU were at the removal of the life support systems as people had come into the hospital to die. In hospice, the patients died peacefully in their sleep in the comfort of their own home, often between the hours of midnight and 2 a.m., the quietest time of night. It was rare that a doctor in the hospital ever wanted to "give up" on their patient to recommend hospice instead. Doctors usually want to keep going to practice full aggressive medical care, treating their patients even when the patients were at their end of life and probably would have a better death by going home to die in the comfort of their own home while on hospice. It was unusual for a doctor to recommend hospice care, and it was unusual for a patient's family to request for a hospice evaluation for their loved one. When Mitch asked me to help facilitate a hospice evaluation for his mother, who was a patient in the ICU, it surprised me. After calling the patient's doctor to request an order for a hospice evaluation, I asked Mitch what had made him make such a request. Although I agreed it was an appropriate request for a hospice evaluation, it was unusual for family members to ask for it. I wish that more families would do what is best for their loved one, but sadly many choose to do medical treatments that are not in the best interest of the patient. My curiosity was heightened as this family seemed to follow the wishes of the patient, and I was so grateful for that. The patient was at her end of life, and she had told me numerous times that she wanted to go home and die, and not stay in the ICU any longer. Mitch said to me, "You are never going to believe me when I tell you my story." And with those familiar words, I knew what was coming next: He had had a near-death encounter.

Mitch told me that as a young child he had been on the beach playing with his friends. He had been buried alive in a deep hole in the sand, and then his friends had

forgotten about him and left him there. A serious life-threatening lapse of judgment had taken place, and Mitch remembered that he died. He said, “I was walking through a long dark tunnel. I saw a white bright light that made me feel so warm and welcomed. It was the face of Jesus, and I felt loved.” Mitch had seen his childhood dog when he was in the white bright light, and seeing his dog made him feel peaceful and joyful. Mitch wanted to stay there, but he was told by the white bright light that “it is not your time yet.” Then Mitch woke up and found himself at a hospital surrounded by doctors who had resuscitated him. He said that his near-death experience had removed all fears about dying, and that he was at peace with his mother’s imminent death. “I know where my mom is going, because I have been to heaven,” he said. “She will be with Jesus.” Because of his near-death experience, Mitch took comfort in knowing what it would be like for his mother once she got to heaven. Mitch also knew that he would see her there again one day, just as he had seen his childhood dog when he had his near-death experience.

Mitch took comfort from his own experience with dying, and therefore he felt at peace with the imminent death of his beloved mother. He knew where she was going, because he had been there himself during his near-death experience as a child. He felt hopeful and at peace about death and dying. It had happened to him, and he knew that it was about to take place for his mom, too. To Mitch, it was a loving thing to do to have hospice come and evaluate her and bring her home. She went home on hospice, and she was grateful for that so she could die in the comfort of her own home while surrounded by her loving family. Mitch was there at her bedside when she died. Mitch later told me that before his mom died, she had told him how thankful she was that he had followed her wishes about her end of life, which was to die in her own home with the presence of

her loving family surrounding her. Mitch chose to follow his mom's end-of-life wishes, and she had a peaceful death as she transitioned into eternity.

When I have shared near-death experiences in my sermons, the congregation has loved it. The parishioners have told me that they felt more hopeful and at peace about their own end of lives after having heard from those who had already been in eternity. It removed their fear and replaced it with hope. I believe that we are spiritual beings with a human experience, and therefore we can better comprehend and accept death and dying as we are informed by God's Word about eternity and that we have new life after this life. There is more to come in eternity because we are spiritual beings. As spiritual beings, there is no death to existence, except to the human body. If we were human beings with a spiritual experience, death and dying would not make any sense to us, because humans die. The French philosopher and scientist Pierre Teilhard de Chardin said, "We are not human beings having a spiritual experience, but spiritual beings having a human experience." Ray Anderson was my systematic theology professor and mentor at Fuller Theological Seminary, and he said, "We are human beings before we are social beings, and spiritual beings before we are human beings."[53] First and foremost, we are God's people, and therefore we have been given by God's grace the gift of eternal life through his son Jesus Christ who took our place on the cross so that we do not have to die but have eternal life. Life after this life begins when we die here, and transition into eternity to be with God forever.

My pager went off at the same time as my cell phone rang. Also, at the same time I heard the hospital's overhead public announcement system loudly request, "Chaplain to

[53] Ray S. Anderson, *Exploration Into God: Sermonic Meditations on the Book of Ecclesiastes* (Eugene, OR: Wipf & Stock Publishers, 2006), 47.

report to the OR — STAT." That announcement gave me a quick heads up of what was taking place, and how to quickly respond without alarming any patients in the hospital. To me, it meant I needed to run to the operating room (OR) as a patient had died on the operating table during a scheduled procedure. When I arrived at the OR, I watched the trauma team doing a resuscitation on a male patient lying on the table. Patients are not supposed to die during surgery. It is very rare for a patient to die during a procedure — at least it is rare in America. The scene was chaotic and unexpected for the OR staff. They called the code after 30 to 45 minutes; the patient was pronounced dead. The surgeons and OR staff were devastated. The chief surgeon, Dr. Kadiff, came over to me and asked if I could come with him to tell the family that their loved one was dead.

I went to the waiting room, where the now-dead patient's wife Ann was waiting. I introduced myself to her, and usually what happens when a chaplain comes into a hospital waiting room is that people tend to panic. Ann panicked and immediately threw herself on the floor in the waiting room and began wailing loudly. I hadn't told her about her husband's death on the operating table. I had only introduced myself. Ann was on the floor, crying and praying out loud to God. I got down on the floor and sat with her praying for a while before we walked together to the room where her dead husband was and where the medical team would tell her about the death. Ann's dead husband had been cleaned up and was lying on a hospital bed. The surgeons stood at the end of the bed waiting. Dr. Kadiff began to tell her the sad news. He said, "I am so sorry, but your husband d—." That is as far as he got, because all of a sudden, the patient opened his eyes, looked at the clock attached to the wall opposite his bed, and said in his regular voice, "What time is it? Did I miss the game?" He had come back to life right in front of

our eyes. The surgeons looked with surprise at the patient, then said, “This is a miracle. You must have a good God.” Ann was told what had taken place, that her husband had died and come back to life. Her response was simply, “God heard me pray.”

Kevin, the formerly dead patient, said to me, “You are not going to believe this ….” Then he proceeded to share his story about what had taken place during the surgery while he was under sedation. He said that he heard the surgeons saying to each other, “We are losing him.” He heard the commotion of the Code Blue. He saw himself from above, looking down at himself lying on the operating table. Kevin said that he then went through a long dark tunnel and was met with a warm bright white light that he described as the face of God. Kevin said, “I have never felt so loved as I did in that light. I was surrounded by peace, and I wanted to stay there in the light. I have never seen a white color like that before; I can’t describe it. I was told it was not my time yet.” Kevin said that he wished he could have stayed there. “It was not my choice to come back,” he said. His wife Ann was grateful that Kevin was alive, but Kevin wanted to stay there. It was not his time yet to remain in the life after this life.

Dr. Moody’s studies in patients’ near-death encounters found that the most common element in all the accounts that had the most profound effect on each patient was the encounter with the “very bright white light.” Usually the light is white, and it gets brighter until it reaches an unearthly brilliance. This “indescribable brilliance” does not hurt their eyes in any way, nor does it dazzle them. Perhaps that is because at that point they no longer have physical “eyes” to be dazzled.[54] When patients have shared their near-death encounters with me firsthand, they described the white bright light as a white

[54] Moody, *Life After Life*, 51.

color they have never seen before, that does not exist here in our world. The light is not just a very special dazzling light, but it is the presence of a divine being. They describe the light as being the face of God, Jesus Christ, and the Spirit of God. The light of Christ and Spirit of God are some of the most common descriptions. When I have asked the patients to describe the face of God in details, they were not able to do that, because it was not a regular face. It was "indescribable; it is not like a regular face." "It was the love from the light of God" was another description that has been shared with me. Dr. Moody's study found that this warm bright light was often described as "a very definite personality." They described the love and warmth that emanate from this being to the dying person as being beyond words. They felt completely at ease and accepted in the presence of this being. They sensed a magnetic attraction to this light; they were drawn to it.[55]

From my own experience talking with the patients who had these encounters, they all reported that this divine white light described as God spoke directly with them. This light spoke about their lives, and how it was not their time yet to stay in God's light. "It is not your time yet." "You must go back." "Your wife [or husband or someone else] needs you." When the person would say, "I want to stay here," they were told, "When your time comes; not now." I asked the patients what language this light used — was it English, French, Swedish, or some other language? However, no one could identify the language because it was not a language that can be described; it was not language like we use here in this world. It was like non-language words, like thoughts. In the case studies that Dr. Moody oversaw, he found that the patients reported that they did not hear any physical

[55] Moody, *Life After Life*, 52.

voice or sounds coming from this divine being of light; it was more like unimpeded transfer of thoughts that took place. There was no possibility whatsoever of misunderstanding this being of light.[56] This white bright light communicated clearly in an unspoken form of a language that cannot be translated into any languages that we are speaking here in this world. Yet, all the patients who had been in the presence of this divine light knew what was being communicated to them, and they understood the language. Dr. Moody's patients reported that the light had asked them questions about their lives, and if they were ready to die. Some had been asked what they were doing with their lives, and they took it to be a reminder of how fragile and short our human lives can be, especially compared to eternal lives.

I found from the firsthand reporting that my patients shared with me that this white bright light left them feeling loved, hopeful, and at peace, after the spoken words ended. The divine light provided them with something more than communication. There was a shift of them wanting to remain in that light; they felt like they belonged in this presence. There was no fear involved, no anxiety or stressful feelings, none whatsoever. Love, peace, and hope. I would make an argument that after a near-death encounter, the patient returned with a deeper sense of faith in God compared to what they had previously. Those who were not believers before the near-death encounter came to have faith in God after they returned.

Another commonality is that this white bright light never asked anyone to keep on working harder, making more money, or accumulating more stuff for themselves. The communication was about what had they done with their lives, or about how it was not

[56] Moody, *Life After Life*, 53.

yet their time to come and stay in eternity; they had to return to their lives because something was not yet done. Several of the patients said that they were told they had to return to their lives because someone needed to be cared for in their family. It was usually a sick family member who was about to need caregiving, and that was more important than to be dead and transition into eternity to stay.

I would argue that the message they received from God is very clear on how we are to live our lives while we are still here. It is of high value to take care of our loved ones, to be loving, hopeful, and at peace with ourselves as well as with all others. It is of such high value that their deaths will have to wait till another time; it is not yet their time to die and go into eternity, because something is not yet completed for them. In the near-death encounters that have been shared with me, I have noted that all came back different after having had their encounter with this white bright light — something changed within their souls. They live their current lives with a deeper sense of awareness that there is a loving God who is caring and compassionate for all people. It is not about a God who used to be around and then left. It is a God who is still present and alive. There is so much more to come; there is life after this life. After their encounters, they also became more loving to those around them by being kind and compassionate. There is so much that we can all learn from the near-death encounters, and I believe that by engaging in conversations about them and preaching sermons about them, it gives people hope with their own end of lives, and about the topic of death and dying.

There is meaning and purpose in our lives as we live here in this world, and everyone deserves to know that God loves them and is for them, not against them. There is a theme of bringing light in the Bible; from the very beginning when God formed the

earth out of darkness, and made it light, He said, “Let there be light, and there was light” (Genesis 1:2-3 NRSVUE). He spoke light into the darkness, and it came to light. In the last book of the Bible, the theme is still there as it describes a new earth and new heaven: “There will be no more night; they need no light of lamp or sun, for the Lord God will be their light, and they will reign forever and ever” (Revelation 22:5 NRSVUE). I preached a sermon about light, from John 8:12: “Again Jesus spoke to them saying, ‘I Am the light of the world. Whoever follows me will never walk in darkness but will have the light of life’” (John 8:12 NRSVUE). The theme of Christ being the light is found throughout the Word of God, from the beginning to the end, and in between the beginning and the end. We know that even in the midst of death, there is a warm, white bright light that is welcoming us as we enter into eternity. Yes, for some after they go through a long and dark tunnel, they encounter the warm bright light of Jesus Christ who loves and includes everyone. No one is excluded from the embrace of eternal life because God has the final say about that when we leave this world, and before we go home to our eternal home. There is still that opportunity to meet Jesus. The encounters are evidence of the true hope of Christ. The best is yet to come.

Preaching sermons grounded in the eternal hope of Christ, the unconditional love of God, and the compassionate Spirit’s presence brings this warm bright light into the world for all people — no one is excluded. The hearers, parishioners of the congregation, become less fearful about death and dying, and they begin to engage in conversations about it with others in the community. They become hope bearers to the community around us; God’s love is shared and communicated with others. There is meaning and purpose living our lives as spiritual beings with a human experience. The taboo of talking

about death and dying is removed as we engage in conversations about it. The antidote is the hope of God. With the layers of fear removed, underneath it we find that we all belong to God, in life and in death; it is simply a sting of death. Everything belongs to God, and this love is eternal; it never ends.

Actively dying patients do not belong in the ICU. They deserve to die in a peaceful, serene environment that is a familiar setting to them. It can be in their own home, or a board and care setting if that is where they previously lived. The ICU is cold, sterile, set with artificial bright lights. There are loud machines and Code Blues over the loudspeakers, and many studies have reported that people's stress levels increase once they enter a hospital, including the ICU. It is not in the end-of-life patient's best interest to have their stress level increased when they are dying. The ICU was never meant to be the place for people to come and die. The ICU was meant for patients to come for intensive medical care after a surgery and then be discharged to healthy lives. Life support was never meant to prevent someone who is already actively in the dying process to suddenly stop the natural process of death to have tubes inserted into them, artificially forcing air into their lungs to be kept artificially alive. Some patients are simply getting aggressive medical care that is doing more harm to them than helping them ease through the dying process. One wonders what happened to death and dying in America. Why can't we allow people to peacefully die when it is their time to go?

Death eventually will take place for everyone. Yes, even those who have had near-death encounters will eventually die. I have found that most of my patients have in common that they want to die at home surrounded by their loved ones. They also do not want to be in any pain; they prefer to have access to as much pain medication as possible

so that they can sleep through any eventual pain episodes. They also do not want to have a slow dying process; they do not want it to linger. Their wishes are, “When I am ready to die, I just want to get it over with,” and, “I don’t want to have my death dragged out over a long period of time, but I do want to say goodbye to my family before I go.” I have heard those statements hundreds of times from my patients. Most people want to sleep through their death: “I just want to go to sleep in my bed and then wake up in heaven.”

Everyone is different and uniquely made, but I have never heard anyone wanting to die in a hospital bed in an ICU, or any other unit in the hospital. Yet, family members and caregivers continue to bring their loved ones into a hospital to die. When asked the reason for doing so, they simply say, “That’s just what we do.” When there is a disagreement between an end-of-life patient and their family members, it is mostly about the patient’s frustration of having been brought into a hospital to die there. I have spent more time with dying patients in the ICU than I have with hospice patients who are living at their homes, and not in a hospital. The dying patients in the hospital feel like they have to constantly fight to have their voices heard by their family members who are not listening to them. Too much of their energy is spent on arguing to have their wishes followed by their families. It does not have to be that way at the end of their lives.

Before the 1950s, when people were at their end of lives, they died in the comfort of their own homes. Most people still want to die in the comfort of their own home when it comes time for them to die. There was a shift in the ’50s, when there was a new technology — machines that could support organs if needed. Ventilators, breathing machines, and ICUs were created. It was all developed for a good purpose, which was to ventilate patients who were temporarily sick and needed the extra support before they

could be healed and get off the ventilator. It was meant to be a temporary measure, and when people improved and got better, they could be discharged from the hospital and return to life again.

Everything has changed dramatically over the years. Technology has improved and the ventilators, artificial hydration, and nutrition tubes that were meant to help patients after their surgeries are now used for everything. That includes using them for patients who are already in the dying process. To be put on a ventilator, have a breathing tube pushed into the lungs, receive artificial hydration, intravenously receive heavy drugs so that they can be placed into an induced coma is not a pleasant experience for anyone, especially someone who is at the end of life and already in their dying process. It prolongs their dying process, extends suffering. Some of the end-of-life patients are brought to the hospital to simply be dropped off to die. They do not have a sickness that can be cured. They are brought in because death is not seen as something organic and natural in America. It is seen as something that needs to be prevented at all costs.

During a family meeting in the hospital's ICU, the entire medical team consisting of three specialty medical doctors, the bedside nurse, the intubation specialist, a social worker, and myself were all present in the consultation room with a patient's family members. The patient was an elderly woman who was at the end of her life, and she had been in the ICU for two weeks. Before she had been admitted to the ICU, she had been a patient in another unit of the hospital, where she had been bedridden for two weeks. Her name was Annie, and we had spent a lot of time together during her month in the hospital. We had had numerous conversations where she had made it very clear that she wanted to go home to die in the comfort of her own home.

Annie was at the end of life, with less than six months to live, and she had told me that she knew she was dying, and she was at peace with that. She also knew there was no cure for her end-stage disease, and she had no fear of dying itself, but she was worried that her adult son and daughter would keep her in the hospital to die. Her wish was to go home to die with her family present; she had made that very clear to me, and to her family. I had also communicated her end-of-life wishes with her family, so they were aware. It was not the family's wishes, but it was the wishes of their dying mother that needed to be followed. After all, it was her life, and her wishes are to be respected and honored. The sad reality of living in an imperfect world is that the wishes of a dying patient are rarely followed by their loved ones when it comes to end-of-life decisions. We want to stop people from dying, even when they are in the dying process. What happens when we stop people in the dying process from their natural path into eternity is that we tend to create harm and unnecessary suffering for them. We don't stop the dying process, we only complicate it by adding on more suffering to a dying patient's journey by giving them full aggressive and intensive medical care that does not prolong life, but it prolongs the suffering of the patient who is in the dying process.

People have a very difficult time letting go of their loved ones at the end of life. They have not had many conversations, if any at all, about the topic of death and dying. The topic comes up for the very first time as a loved one is admitted into the hospital at their end of life. Family members tend to make decisions based on unrealistic scenes they have watched in a movie produced in Hollywood, where death and dying is the enemy that needs to be avoided at all costs. This makes it a challenge to undo their expectations about death. I am an advocate for educating people about the reality of death and dying

by having healthy and realistic conversations about the topic and instead of giving fear to people, giving them hope that there is so much more to come after this life. There is hope in death and dying; there is life after this life. Dying can be a beautiful thing when accepted and embraced as a transition into eternal life to be with God.

Annie had a heart attack while in the hospital. She stopped breathing one night as she was peacefully sleeping in her bed on the third floor of the hospital. The third floor was the floor from which patients often got discharged to go home. Annie could have gone off to eternity at that time — after all, she had wished that her death would be during her sleep. However, her adult son and daughter went against her wishes and told us that they demanded to make her a Full Code, which means she was given full CPR. A Code Blue was called, and the entire trauma team ran to Annie's bedside to do CPR, pumping on her chest by doing external compressions. Because Annie was an elderly person, her bones were fragile and weak, so some bones cracked and broke during the effort to save her life. It is not uncommon for bones to crack if the patient is older. It is painful for the patients when that happens, and it takes time for the bones to heal. Annie's heart was pumped, and she was intubated with a tube inserted down her windpipe into the lungs; they also had to give her aggressive and heavy medications in order to put her into a medically induced coma.

Once intubated, comatose and on life support, Annie was transferred to the ICU for full intensive and aggressive medical care, which she had never wanted to receive. Nor was it appropriate, since she was already in the dying process. So what was the problem with not following the end-of-life wishes that Annie had wanted for herself? She had not made her wishes known by doing advance care planning for her end of life. That

complicated her medical end-of-life care, as it was unknown what her wishes were until she was in the hospital. When patients have made their end-of-life wishes known in legally binding documents like an Advance Medical Directive or the Five Wishes document, their medical end-of-life care is based upon their own wishes that they have chosen and signed in the document. It becomes our voice when we are not able to speak for ourselves. These legal documents are signed by a person before there is a medical emergency taking place in their lives. It is important that we prepare for the inevitable and know our rights; everyone needs to know the patient's rights at the end of life. It is of the essence that everyone receives the medical care that they want for themselves. Everyone has the right to have pain and suffering relieved with pain management. Everyone has the right to refuse all unwanted treatment, even if that makes them die more quickly. Everyone has the right to refuse hydration and nutrition, even if that hastens their death. Everyone has the right to refuse CPR, which is often described as "heroic measures" at the end of life. Everyone has the right to choose their code status: Full Code, Do Not Resuscitate (DNR) or Limited Code (LTD). A new code status is currently in the works to rename the DNR code to Allow a Natural Death (AND). Everyone has the right to be fully informed of all treatment plans and options that are available to them for their end-of-life care.[57] The patient's rights are their legal rights and are honored and followed by hospital staff and doctors. That is, of course, if the patient has made their wishes known by writing them down in a legally binding document like an Advance Directive or the Five Wishes document, and signed them.

[57] Sidney Wanzer and Joseph Glenmullen, *To Die Well: Your Rights to Comfort, Calm, and Choice in the Last Days of Life* (Philadelphia, PA: Da Capo Press, Lifelong Books, 2007), 15-17.

When there are no legally binding documents signed by the patient, then their voice is not heard and followed. By default, the end-of-life decisions are made by the next of kin, who is usually a family member. That person becomes the voice for the end-of-life patient. Too often, they complicate things by not following the wishes of the patient. Instead, the patient's death is prolonged and drawn out until the family changes their mind. Eventually, after some time has passed, they come to realize that it is not humane to prolong their loved one's dying process. Eventually they let go and surrender their loved one into God's hands. However, the patient's prolonged dying process has caused unnecessary suffering and their voice has been ignored. This must be stopped from happening to our end-of-life patients. We must remove the taboo from talking about the inevitable and instead begin to engage in conversations about the topic of death and dying so that we can make well informed decisions about the end of life for ourselves as well as for our families. We must honor the wishes of others, whether or not we agree with their decisions. We must be a voice for the voiceless by honoring their wishes. We must accept and embrace the reality that we cannot cure death, no matter what we do. Death can be prolonged, but it cannot be avoided.

Since Annie had not filled out an Advance Directive or a Five Wishes document, it was up to her family to be her voice. During the family meeting in the ICU, the son and daughter heard about Annie's wishes. Although it was still their choice what they would want done, they needed to make those decisions being well informed and updated about Annie's underlying conditions and prognosis from the entire medical team.

The son and daughter were warmly greeted and were thoroughly updated about the prognosis and status of their mother. She had now been on life support for two weeks

in the ICU, and there was still no sign of life, no meaningful recovery. The heart attack two weeks ago had been terminal. The cardiologist told the family that unfortunately their mother was not coming back to life. He said, “I am sorry to let you know your mother is actively dying.” The son responded, “No, she is not dying. I have read on Google that people come back after a heart attack, so you keep her life support going.” Then the cardiologist responded, “Your mother’s heart attack was a massive one. She is not coming back from it. She is almost 100 years old.” Another doctor said, “We don’t do Google medicine in the ICU. Your mother’s heart and other organs have begun to shut down. It is irreversible. She is in the dying process.” The son continued, “Get me the CEO of this hospital now. You better keep her ventilator going.” The family meeting had turned into yet another “you better do what I want” kind of a meeting. They had been given the sad reality that their mother was actively in the dying process. However, they were not ready to let her go. I believe that they loved their mother and did not want to lose her, and they never had any conversation about the topic of death and dying. They unknowingly put their mother on a path of prolonging her suffering. The path was not helping her, but it was harming her. The dying process was slowed down by adding on the extra measure of prolonging her life with life support, feeding tubes, and other unnecessary aggressive treatments that patients do not need when they are dying. They loved their mother, and I am convinced they wanted what was best for her. They just had not had any experience with death before. How would they have had any experience with death and dying before unless someone had engaged them in a conversation about it? They were the experts in being the children of their mother. They had no experience with death and dying; even when they were given the advice of the experts, they denounced

them and went against them. Their decisions prolonged suffering for their mother as they forced the medical staff to keep her artificially alive. They chose artificial life over eternal death, which caused the patient unnecessary suffering and prolonged the dying process. Why?

When people avoid the topic of death and dying, it creates a taboo about the reality of dying. It also mystifies it, and people are not well informed about death if they use Google to get information and education about it. It does not work well for an eventual emergency in the ICU when people for the very first time in their lives have an end-of-life conversation about a loved one. Instead of listening and learning from the experienced medical experts in the area of death and dying, Annie's son instead relied on his education from a Google search. The outcome provided more harm than good for his dying mother, who was forced to continue her suffering by being kept artificially alive — even when she was in the dying process.

I wish I could claim that this was the first time I had heard that a family member had used Google to make their decision about a loved one's death. I have heard it hundreds of times from family members coming into the ICU and telling the medical staff how to proceed with medical care for the patient. Sadly, it has not been a viable form of medical expertise and education — it has been the complete opposite. They are not medical experts, yet they often get their information and education through a Google search. I believe that it is very important and of the essence that we have conversations about death and dying with our loved ones long before we are on our deathbed. That is not a good time to make decisions of wisdom; it needs to start way earlier in our lives — talking about it and telling our families what we really want at the end of life.

Annie's family needed to be loved and listened to. Time was not on their side because Annie was still suffering through her heart stopping, even while on life support. It was another Code Blue that happened as we sat in the conference room in the ICU. The medical experts rushed to the patient's bedside to do CPR, which is very aggressive to have done to the body of an elderly, fragile woman in her dying process. The trauma team felt they were killing her as they had been forced by the family to do the CPR; her fragile bones crushed underneath their hands. It was a very traumatizing event for the patient and for the medical team. Those are the extremely difficult times when the medical team knows that what they are doing is not what is best for the patient. They want to save lives, not prolong death. I heard the nurses tell me, "We are pulling this poor lady out of the grave." Annie's CPR events were devastating to everyone, except her son and daughter, who kept on saying, "Keep her alive or we are calling a lawyer." CPR is a good medical treatment for most people, but there is evidence that CPR is not what is best for those who are at the end of life. CPR is not medically beneficial to those who are in their dying process. Annie's wishes were against having CPR, but she had not written down those wishes in a legal document. That complicated her end-of-life wishes.

I gently reminded the son and daughter about their mother's faith in God. Annie loved God, and she was transitioning from this life into the next life, where she was going to be with God. She was a spiritual being with a human experience, and she was looking forward to going to her eternal home. She had often shared with me that she looked forward to going home to be with God; she was at peace with dying. I asked the son and daughter, "If your mom could sit up and talk right now, what do you believe she would say to you?" Without any hesitation, they both responded, "She would say, 'Please let me

go.' She loves God." Finally, it became real to them — they imagined hearing their mother's voice say that she wanted to go and be with God. This was not about them and their wishes; this was about what their mom wanted. It was her wish to go, and they must honor that wish.

Often, the family receives so much medical information that they forget that God is the one their loved one wants to go and be with. Dying is a spiritual journey, and we need to have spiritual conversations in combination with medical information and education about the end of life. I would argue that both the spiritual and medical parts are to be intertwined when having conversations about the end of life. Annie's son and daughter responded with love and acceptance about death and dying when the conversation was focused on God's love, and eternal home waiting for their mother. God's Word changes everything. Instead of being hostile to their mother's dying process and wanting to stop it, they changed when they knew their mother wanted to go home to be with God. Their hearts accepted it, and they wanted what was best for their mother.

Together, we went to their mom's bedside to tell the trauma team to stop the CPR. The son and daughter finally decided to follow their mom's wishes. They chose to surrender her and let her go to be with God. That is one of the most difficult decisions to make for people, to follow the wishes of the patient and surrender the loved one to God. Letting go and letting God is not easy to do. I prayed for Annie, with the family at the bedside. She was so bruised up by the CPR attempts. The ventilator was removed, and so were the artificial nutrition and hydration tubes that had been intravenously fed to her. Her face looked more peaceful with all those things removed; she might even have had a smile on her lips. Or so at least her children thought. Annie was then put on comfort care,

which means that the patient is kept as comfortable as humanly possible towards their imminent death. We keep the patient comfortable without any more aggressive medical treatments while the patient goes through their dying process. Sometimes that takes minutes, hours, or days. For Annie, it was seconds. She had been trying to die for weeks; finally her family allowed her to go.

The intensivists who work with dying patients in the ICU are firsthand witnesses to the tragedies when end-of-life patients are placed on full aggressive medical care. It is a sad reality to witness. Although we have the means to keep people artificially alive, it is not for those patients who are already in the dying process. Doctors and modern medicine are a wonderful gift to society as a whole, and we need them. My husband is still alive today because of modern medicine. Some years ago, we were at home when in the middle of the night his heart suddenly stopped, and I found myself doing CPR on him to get him back to life. His heart stopped several times when the CPR that I did was successful. The trauma team had been very good teachers to me, as they taught me how to provide CPR. A cardiologist eventually installed a pacemaker on him, and it saved his life. Doctors restore health and prolong life, and most of the time we are in debt to modern medicine. Doctors can cure us from sickness and poor health and educate us about treatment plans that can improve our health.

There are differences on how best to treat end-of-life patients. According to Dr. Sidney Wanzer and Dr. Joseph Glenmullen, when doctors are not able to provide a cure or when a “cure or significant improvement is not a possible outcome in a patient at the end of their lives, the goal of therapy should change to that of providing comfort care only, so as not prolonging the dying process. If that is not done, then an inappropriate

extension of life takes place."[58] Comfort care does not mean the patient is not being cared for, because they are getting medical care and they are also receiving spiritual care from a chaplain. When a comfort care order is initiated in the hospital, there is an automatic order for a referral for a chaplain. At the hospital, there was much evidence that a dying patient fared better and was more accepting of the dying process when a chaplain was involved in their care. There is a shift in a patient when they are aware of their imminent death. The eternal becomes more of a reality for the patient, and since we are spiritual beings with a human experience, the spiritual side becomes stronger as their human experience is approaching an end.

When a patient is in the dying process, they must be as comfortable as possible, peaceful and without any pain. That must be a patient's right. As chaplain, I also am the advocate for the patient, making sure that they are no longer being treated with medicine that is harming their journey as they are dying. I have had patients who were placed on comfort care and peacefully sleeping away in the dying process when a nurse came into the room to wake up the patient because they needed to take X-rays. You do not need to have X-rays with you when you go to heaven. I am amazed many times how even some medical staff keep on aggressively treating a patient while on comfort care. There needs to be more education for families, patients, as well as medical staff on what it means to have a peaceful death that is not interrupted. It starts by having conversations about death and dying, and to remove the taboo from talking about it. The more we engage in conversations about it, the better we can all be prepared when the time comes for dying. Our voice must be heard and followed, even when we can't speak for ourselves.

[58] Wanzer and Glenmullen, *To Die Well*, 9.

We tend to believe that hospitals need to do “everything possible” to keep patients alive. To cure them of death is impossible; there is no cure for death. When someone is at the end of life and in the dying process, it is not helping them to put them on life support, provide artificial nutrition from a pharmacy by putting a feeding tube in their stomach, and eventually put a permanent breathing tube in their neck. The result is a bad death and prolonging the dying process for someone who is ready to peacefully die and go home to be with God.

Sometimes the line gets crossed in the medical field when it comes to death and dying. When an end-of-life patient is dying from an end-stage disease, cancer, organ failure, or traumatic event they went through, that is what has caused their end-of-life process and death. When they are in the death process and on their way into eternity, the most beautiful thing we can do is to allow them a natural death. There is so much more to come in eternity, and that is what we need to be focused on. Instead of having a tug of war in the patient’s last weeks of life, we must make sure it is peaceful for them — a time to share stories with their loved ones and say their goodbyes. We are all going to leave a legacy behind for our families, loved ones, and our communities. Dying patients have so much to teach us about life before they leave our side. And we must create space and time to listen to them and hear them. That begins with having conversations about death and dying, long before the end of life.

Dying patients have taught me to live life to the fullest. They are our teachers in life, death, and dying. The conversations that I have had with each end-of-life patient were meaningful and authentic. I have listened to thousands of voices over the years, and I am now their voice as they became voiceless. They wished that they would have known

more about end of life, and had they known their options, they would never have chosen to come into a hospital to die in a hospital bed. Not even one patient wanted to be brought into a hospital at the end of life. All wished that they could have remained at their home to be allowed to die peacefully.

Some of my conversations with the dying took place at board and care facilities, and they had very similar responses to what they wished would be different. They wished they could go home before they die so that they would not have to die at a facility. Each one of my conversations with the dying has shown me that we have not listened to our loved ones' wishes at their end of life. We have ignored them. I will always remember their pleas as part of our conversations: "Pastor, what can you do to help me go home to die?" At the time, I felt there was nothing more that I could do than talk to their families and try to convince them to bring the dying family member home. I conveyed the wishes of the dying patient to their families to bring them home to die. It was usually unsuccessful. Most of the time the patients ended up dying in the facility while waiting to go home.

The reason I am doing my dissertation about normalizing the topic of death and dying is so that we can all be at peace, and die with hope, and die in the comfort of our home surrounded by our loved ones. I am now the voice for all my dying patients that I have had over my decades working with the dying. They were the ones who taught me that life is short and fragile, and in the end all that matters is that we are home. I hope they know I am honoring their wishes.

CHAPTER 4
DYING WITH HOPE: THE BEST IS YET TO COME

I am a pastor in a congregation and chaplain specializing in palliative/hospice care at a 350-bed hospital. Death can be a beautiful thing, as it is an organic, natural transition into the next life. This project will document life-changing lessons of being at peace with death and dying well, and will produce educational hands-on workshops with table talks and sermons with the intention of changing the American culture's denial of death.

The intent with my doctoral project was to remove the taboo from the topic of death and dying. It was to create a new thing by removing the mystery from it, and instead normalize the subject by teaching workshops and preaching about death and dying so that it would equip people to engage in healthy conversations about the inevitable. It was my plan to do a new thing by having table talks where people would feel comfortable and be open to hearing that in death there is transition into new life. There is life after life; the best is yet to come for all of us. By God's grace, there is a new thing that takes place.

Dr. Raymond A. Moody writes that there are at least two reasons for people avoiding the topic of death. "One of them is primarily psychological and cultural: the subject of death is taboo."[59] Most people tend to get uncomfortable hearing about death and dying because it makes them think it will happen to them, too. In some ways it

[59] Raymond A. Moody, *Life After Life* (New York: Harper Collins Publishers, 1975, 2001, 2015), 1.

brings it "closer in such a way that one has to face up to the inevitable of one's own eventual demise."[60] For most of us, it is so much easier to avoid the topic so that we don't feel overcome with anxiety about the end of life. However, it does not create hope within us when we avoid the topic. My work with my dissertation is to provide people with hope and peace so that when the time comes for them to die, it is no longer taboo to talk about it. Instead, they would have had conversations with their loved ones about their wishes for a peaceful death. It would create sacred space for a peaceful experience filled with hope, without any fear. Many people are fearful of death and dying because they do not know what the dying process will entail for them. It has been a topic mostly avoided because many are uncomfortable with having conversations about their own end of life. It is challenging to discuss death as "it is rooted in the very nature of language itself. For the most part, the words of human language allude to things which we have experienced through our own physical senses. Death, though, is something which lies beyond the conscious experience of most of us because most of us have never been through it."[61] However, when the topic is avoided, it creates a mystery about the dying process, and among many things, it creates fear about the unknown and complicates how family and friends say their final goodbyes to the dying person. It becomes like a denial of death and is viewed as a failure for all persons involved, including the dying person as well as for their families. "We need a new approach to death. When death is viewed as a failure rather than as an important part of life, individuals are diverted from preparing for it."[62]

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[60] Moody, *Life After Life,* 2.

[61] Ibid., 2-3.

[62] John Abraham, *How to Get the Death You Want: A Practical and Moral Guide* (Hinesburg, VT: Upper Access Books, 2017), 27.

Death is part of life and cannot be avoided, and my deep desire with this dissertation was to normalize the topic so that people can embrace death and dying as a part of life. Death can be a beautiful thing when embraced and accepted; it is a new season of transition into new life. We can live in the present moment being rooted in God's hope in the here and now, and be better prepared for our end of life.

When we avoid the topic and do not engage in any healthy conversations about our own eventual death, it can create unnecessary suffering at the end of life. When people avoid the topic to the point of not even making any final arrangements, the burden of making the decision falls on the family, who then must guess what their loved one would have wanted. It is stressful for them to not know what their loved one would have wanted for their dying process.

As John Abraham wrote, "It is time to break the taboo around death and take back control of a subject that has been medicalized, professionalized, and sanitized to such an extent that it is now alien to most American daily lives."[63] I have witnessed too often how doctors and hospital staff had to delay any medical treatment for the patient as they waited for the patient's family to make their best guess on what the patient would have wanted towards their end of life. I have witnessed too often how patients have never had any conversations about their end of life, so the final decisions about their own death are made by family, friends, and hospital workers who have never known the patient until they arrive to the intensive care unit (ICU). The patients were being placed in limbo while their families and the medical team had conversations about the patient's end-of-life wishes that should have taken place years ago between the patient and their family,

[63] Abraham, *Death You Want*, 27.

and not in a hospital while the patient is in the dying process. Those conversations are not in the best interest of the end-of-life patient who is already in the dying process. It becomes unnecessary suffering for the patient as well as for the family if they had not talked about their end-of-life wishes until it was time to die.

I came to find there was a trend with the end-of-life patients who came into the ICU. They were unprepared to die and have a peaceful death because they had never had any conversation about their end of life. They were fearful and filled with anxiety, and that is not a good way to die. The taboo of talking about death and dying causes many to be fearful of dying, and it creates confusion and unrealistic expectations about end of life. Conversations about death and dying must come to the forefront so that it can normalized, embraced, and accepted as a natural part of life. A systemic change needs to take place. My deep desire with this project was to remove the taboo from the topic of death and dying, and shed light on this topic by sharing information about it so that many can have a good experience with being at peace and dying with hope. I believe that the best is yet to come for us, and with God being for us, and with us, we can begin to have healthy conversations about the end of life, as we embrace a new thing. There is life after life.

Being the chaplain in the ICU and the emergency room at a Southern California hospital prepared me for teaching and educating my church congregation about the topic of death and dying. I did a new thing as I produced, invented, and organized a three-week workshop in combination with a two-week sermon series about God's hope in death and dying. I taught a grief class for those who were grieving the loss of a loved one, using an existing grief class curriculum. I created a safe place for mourners, and instead of

meeting in person, we met weekly via Zoom. I realized that most of them were more comfortable talking about their grief from the comfort of their own homes. Although it was not part of my original proposal, I made the decision to add a safe space for the sacredness of being together by providing a Blue Christmas service, where I served communion, we sang hymns, and we lit candles for those who had died. There was also a potluck dinner after the service. Those who were grieving had a difficult time celebrating the Christmas season without their loved ones, so the Blue Christmas service was welcomed and well received. It provided God's hope and comfort to the attendants.

The workshops about giving hope in death and dying were very well received by the congregation as well as the community members who attended them. The workshops were held on three consecutive Wednesday evenings during the month of May. After each workshop, the attendees said to me that they felt better prepared to engage in conversations about their own end of life, and they felt hopeful for their end of life and afterlife. They were grateful that they had participated in the workshops because it had changed them from having been fearful about the topic of death and dying to becoming hopeful and feeling at peace about their end of life.

The three-week workshops combined with the two-week sermon series about dying with hope — "The Best Is Yet to Come" — will be of great benefit to other churches teaching their congregations about the topic. The three-week workshops on their own, without the two-week sermon series, can also be used for non-church organizations. The workshops and sermons will enable people to have healthy and candid conversations about death and dying and be at peace about their eventual end of life and filled with hope in God for the afterlife that awaits them.

My project was to change the current taboo of talking about death and dying, and instead educate, teach, and preach about the topic so that healthy conversations about the inevitable would take place and remove the fear of death and dying. The deep desire on my part was to normalize the topic of death and dying as being a part of life, and provide hope for people so that they would be able to die at peace, without any fear. I created a safe space with having Table Talks about the topic where people came to realize that there is hope in dying, and there is life after life. The Best Is Yet to Come workshops removed the taboo from the topic of death and dying. Here is how I promoted it:

New 3-Week Workshop Coming Soon!
The Best is Yet to Come
Life Lessons on Having a Hope filled View on Death

"In this world nothing can be said to be certain except death and taxes." You are invited to this 3-week workshop to be held on Wednesdays, 6:30-7:30pm on May 11, 18 & 25th. We will serve light refreshments. This workshop will provide a space for you to gain insight, knowledge, and be more hopeful about the transition time we refer to as death. This workshop serves to empower individuals to be comfortable in having good conversations about the inevitable. It is a sacred journey to die with hope. It gives meaning to our lives here and now.

The three-week workshops were advertised in the local community as well as to my congregation. The workshops were advertised to the congregation during Sunday announcement time prior to the worship. Many of the parishioners came up to me after the Sunday services to request more information about the workshops and asked me how much I would talk about death and dying, and my response was always with a warm welcome, "Come and see. It will be a safe gathering with the Holy Spirit's loving presence."

I had to make some adjustments to the first goal from my proposal. The original idea had been to document the dying patient's story with the hope that would help the

dying process. I found that most of my end-of-life patients took their hope through faith in Jesus. What added depth to their hope in Jesus and helped their dying process was when they heard the stories of others who had had near-death encounters with having been in the presence of a white bright light they identified as Jesus. I found that the end-of-life patients found comfort in those stories. The near-death encounters were stories that originated from other family members, loved ones, and other patients. Occasionally some of the end-of-life patients themselves had earlier in their life already experienced a near-death encounter in their life. That provided them with much comfort and peace, and it affirmed them.

Most of my dying patients' faith in God had a big part in how they coped with their end of life. It was their faith in God that provided them with hope for an afterlife. When a patient was at peace with their dying process and died with hope, their family and friends who had been at their bedside also coped well and were hopeful that they would see each other again in the afterlife. This hope in God provided the hope for those who participated in the patient's dying process and death.

My presence with the end-of-life patients and their families was done with compassion and dignity. The patients shared how their faith belief systems helped them to cope with and find hope in their dying process. They died with faith in Jesus, at peace, and with hope for the afterlife. However, dying is also a family affair, and it affects most of their loved ones. The patients were willing participants as they shared their stories about how their faith in God helped them cope: "If my story can be helpful to give others hope, then there is meaning and purpose in it." I came to find that the best experts in dying with hope were those who had died with hope. Even though they have died, their

stories of faith in Jesus and what is important in life continue to live on, and those stories can help others who are still living on this side of heaven. I shared their stories during the three-week workshops that were held at my church in May 2022. The workshops were titled "The Best is Yet to Come: Life Lessons on Having a Hope Filled View on Death" (Appendix B).

I completed my second goal as proposed, which was to educate people about the organic nature of death and dying — to teach people to be engaged in conversations about the topic without any fear. My desire was to teach my congregation to be at peace and be filled with hope as they came closer to the end of their lives. My ministry to those who were preparing to die was that of being a spiritual midwife. I guided my patients toward a new spiritual birth, where there was a time and space for transitioning into the afterlife. God was already there waiting for them. It was not of me, but of God.

I felt that it was of great importance to teach and educate people about what takes place when people are on their deathbeds, and what God's hope is all about. That's where the idea of my workshops began. I believe that after the COVID-19 pandemic season, it was a perfect time in history to begin to talk about death and dying — to remove the taboo from the topic of death and dying, and normalize it as being part of our lives. My desire was to remove the stigma and fear of dying by introducing God's eternal hope, which gives peace. Dying can be a beautiful thing, and God is always present in death and dying. With God there is no fear, only hope.

My plan was to teach about death and dying by removing the stigma from it, and helping people to make it acceptable and relatable, by creating a safe space where people can engage in conversations about death and the end of life. God's hope is present with us

when we die from this life into new life, and how we approach death helps us to live our lives with hope and peace. To normalize the concept of death and dying, there also must be a safe space for people to feel comfortable with talking about death and dying. The ambiance is as important as the educational part when these conversations take place. God's spirit of hope is what provides people the confidence to begin to talk about death and dying. And that is how I began, by creating and producing these workshops and sermons.

I planned and organized a three-week workshop for my congregation and for the community at large. I utilized my experience as chaplain in the hospital's ICU and the collection of the deathbed conversations that I had had with my end-of-life patients. I developed a PowerPoint presentation about how to methodically teach people on how to engage in healthy conversations about the end of life (Appendix B).

There are many barriers to having a healthy and good conversation about death. The most common barriers are people's lack of experience, their fear of mortality, their avoidance of emotions, a sense of guilt, and insensitivity about the topic.[64] Those barriers were exposed and normalized in my presentation. I produced a PowerPoint presentation and evaluations that were given to each attendee at the conclusion of each workshop. With the assistance of my Site Team, the evaluations were collected and documented (Appendix C). We gathered the evaluations after each workshop and after each sermon in my series about dying with hope.

The event was advertised to my congregation and the local community as a workshop for everyone, regardless of age or season of life. It was an open invitation for a

[64] Long Beach Memorial Hospital, *End of Life Nursing Education Consortium* (Long Beach, CA), 1.

three-week workshop designed to provide for hope-filled conversations about the end of life. In preparation for the workshops, I created a PowerPoint presentation, which was viewed on large screens in Gard Hall, the educational building at the church.

Together with my Site Team, we designed and organized the layout of the room in Gard Hall to make it a very inviting atmosphere with a comfortable and welcoming ambiance for the attendants. There was soft instrumental spa music that played in the background, with nature scenes of the ocean and sandy beaches shown on the big screens. The Site Team set up big round tables with chairs around them. We decorated the round tables with soft colored blue and turquoise tablecloths, with the colors of the sky and the ocean in mind. The color blue is also a calm spiritual color. On each round table, there were small individually wrapped chocolate Hershey kisses. There was a refreshment table set up to the side of the room with coffee, tea, cookies, fruit, and crackers. It was beautifully presented in a buffet style so that people could help themselves when they were ready to do so. When the participants entered the room in Gard Hall, they were personally greeted by me and the Site Team members. The event was in the spirit of being a welcoming and inviting event for all. The attendees were also given a copy of the PowerPoint presentation with space to take their own personal notes from the presentation.

The first “The Best Is Yet to Come” workshop had been scheduled to take place on Wednesday, May 11, 2022, at 6:30 p.m. Unfortunately, that was the same day and time when a wildfire started in Laguna Niguel. It became known as the Coastal Fire, and it was a wildfire that rapidly set fire to and burned down the surrounding neighborhoods of the church. The sad reality of living in Southern California is that it is not uncommon to

experience seasons of raging wildfires. When a wildfire starts, it can spread quickly and destroy everything in its fiery path. So it was with this Coastal Fire. It is very difficult to know exactly when a wildfire breaks out, and depending on the wind how quickly it moves. The Coastal Fire suddenly appeared while I drove from my home to the church to begin my first workshop of the three-week series.

There were no signs of a wildfire when I left my house that afternoon to drive to the church to set up for the first workshop. However, ten minutes later when I approached the church, it all changed. There was an eerie smell of fire, and heavy gray smoke and hot glowing embers that rained down on my car made it impossible to see the road in front of me. The gray smoke made it very dark, and being in a car in the middle of a wildfire on my way to present a workshop about death and dying made me think about how life is so temporary and fragile. The only thing I was able to think about was that God's hope is the only thing that is steadfast and everlasting. Everything else is temporary. I heard the sirens of fire engines around me, and the helicopters above me as I was on the road to the church to teach about death and dying.

My drive through the wildfires made me realize the high importance of the workshops about death and dying. Hope in God makes all the difference on how we live our lives in the here and now. As I was driving through the orange flames and hot gray smoke, there was a sense of fear that overtook me: "Is this really happening right now, and what do I do now?"

I was reminded of my faith in Jesus and prayed out loud, "Lord, if I am dying in this fire on my way to teach about death and dying, then surround me in your hope right now." God was with me during that drive. I could not even see the hood on the front of

my car as I drove through the smoke. With the gray ashes raining down and the embers flying, it was a frightful moment in time, and yet God is hope even in the midst of a wildfire.

When I finally arrived at the church, there were bright orange and red flames ablaze around the neighborhoods surrounding the church. The loud sounds of sirens and fire engines echoed through the air. It all had happened so fast. It made me think about my end-of-life patients and how they must have felt when everything around them was out of their control, chaos was taking place around them, and there had not been any time to prepare for it. There were ashes and hot embers flying around the church building. I saw the poster outside the church announcing that all were welcomed to attend tonight's workshop, "The Best Is Yet to Come." I removed the poster, and replaced it with a new poster that stated, "Emergency Shelter — Come on in." The room that had been set up for the workshop became an emergency shelter for those who had been evacuated due to the wildfires. Sadly, several people in the congregation lost their homes that day to the wildfire.

I canceled that first workshop and rescheduled it for the following week. People had lost their homes, and there was a sense of acute grief in the church. It was the reality of death of hopes and dreams as their homes had burned down and they were left with nothing more than what they were wearing when they ran out of their homes when their homes were on fire.

Some of the people from the church who had originally signed up to attend the workshops on death and dying were no longer able to attend. They were grief stricken from having lost their homes in the wildfires, and temporarily homeless. They were in

shock from the trauma, and instead of them attending the workshops, I met with many to provide grief counseling and pastoral care support.

The workshops were put on hold until it was safe to reopen the church after the wildfires. The workshops were held on three consecutive Wednesday evenings for one hour. However, the attendees stayed longer than the one hour allotted as their table conversations became very interesting, and they felt comfortable asking more questions about death and dying. I created an environment with a safe space for people to sit around tables where they could be comfortable engaging in conversations about death and dying. I named it Table Talks. For the Wednesday evenings workshops, I produced a PowerPoint presentation about death and dying, where I taught on the hope we have in God as we transition into eternity. As part of the PowerPoint presentation, I spoke about the importance of having conversations about death and dying as well as making our end-of-life wishes known to our loved ones so that our wishes will be followed even if it comes to a point in time when we are not able to speak for ourselves. My teaching was to provide people with God's hope that the best is yet to come. In death and in life, we belong to God, and God has made provisions for death. We have nothing to fear, but so much to be hopeful for.

My goal was to help and change the current culture's taboo toward talking about death and dying. My deep desire was for the workshop audience to eventually feel they were safe enough to begin to have conversations about death and dying. The stories from my end-of-life patients were so hope filled with their faith in God being at the very center of their dying process. The stories they had shared were not how big their houses were, or how much money they had made. It was not about trivial things. It was things that had

Kingdom value, things like how to be more forgiving and more loving, how to be grateful for everything and how to live in harmony with all those around us. My church needed to hear those stories from those who had died. What is important in life cannot be bought with money. The things that are important are the gifts that God has given to us, to be loving, forgiving, and giving grace to each other.

The people who attended my workshops arrived ready to listen and learn from those who had died. I had expected that it would be mostly attended by my church community; however, there were people from the northern part of our county as well as from southern Orange County, where the church is located. I had also expected it to be mostly women; however, it was a combination of men and women. Some were younger, and some were older. To my surprise, several younger couples came to attend the workshop. It was a good mixture of younger and older people around each table, which was a great outcome for the event.

As the people arrived for the event, they walked slowly into the room. Some seemed hesitant, but they came anyway. They were warmly welcomed, refreshments were provided, and they were seated around the tables. I began the event by welcoming everyone. I believe that humor can be a good tool to use when helping people to be at ease and be relaxed, so I started by saying, “Welcome, everyone. Thank you for being here to talk about the inevitable. We are all going to die at some time in our lives — but hopefully not during the next hour.” Everyone laughed and relaxed, and I began to show my PowerPoint presentation. The audience had also been provided with copies of the PowerPoint presentation in a booklet form where there was ample space for note taking.

After all, this was a workshop on how to begin having conversations about death and dying, so my hope was for them to be talking, not reading, or writing.

I created the workshops with the intent to have talking around the tables. I had placed questionnaires on each table, and there was a Site Team member at each table to help begin the conversations by reading the questions out loud and going around the table to have people respond however they preferred. I adjusted and increased the time for table talk, as it was helping people to open up and talk about the topic of death and dying.

I was delighted that the conversations about death and dying had begun around the tables and my presentation of "The Best Is Yet to Come" was warmly received by the audience. The intention was to facilitate table talks about death and dying, and to remove the taboo from the topic. The topic was embraced, and the audience began to share their stories with each other. Once they began to engage in conversations about the topic, they were more at peace with their own death that would take place sometime in the future.

The audience members began to be engaged in conversations about death and dying, and desired to get to know more about the topic. They expressed that they felt more hopeful about their eventual death after the presentations and table talks. The audience enjoyed the topic so much that even when the workshops concluded at the scheduled time, no one left the room. Instead, they remained seated around the tables and continued their conversations about death and dying. They left the workshops with the feeling that dying can be a beautiful thing. It removed the taboo from talking about it. I was grateful that there had been a change. People's fears were removed, and instead they felt hopeful and were at peace about death and dying.

My end-of-life patients had been at peace as they died with a hope that their eternal life with God was waiting for them. It was transition time, just a sting of death as they had moved into God's loving arms. Although my end-of-life patients are no longer here, their stories keep on living to provide wisdom to others about death and dying.

I have learned from those who died that it was their faith in God that gave them the hope that they were dying into the afterlife and receiving new eternal lives. That provided them with their peace during the dying process. Their coping system was through their faith in God, that there is more to come after this life. There is life after life. The title I had chosen for the workshops was based on their belief that there is more to come after this life; "The Best Is Yet to Come" workshops were created in honor of them.

The patients' faith in God during the dying process also sustained their families and loved ones so that they were able to accept the inevitable. The concept of saying goodbye to a loved one who is dying is surreal to us. Grieving is more difficult than dying.

It was through their faith that my end-of-life patients were often would say, "It is time for me to go and be with God." They died hopeful that they would be reunited with their loved ones again one day in eternity. In my ministry of being present to end-of-life patients, I found a deep love and respect for them. I was present with them as they prepared to die, held their hand, prayed, and listened to their stories, and I consider their stories to be holy conversations. I have gathered their stories in my heart, where they are being kept safe with deep love, grace, and hope that I will see them again one day when it is my time to transition into eternity to be with God. I have kept their complete stories with strict confidentiality, as they will always remain in my heart. What I am sharing are

the lessons that they taught me about what is important in life, and not to sweat the small stuff in life. I learned from the deathbed conversations how life is fragile and short. I taught the attendees at the workshop from the lessons I have learned from my end-of-life patients:

1. Don't work so hard; it is time away from your family and loved ones.
2. Love yourself, love others.
3. Forgive self and forgive others.
4. Be true to yourself; be you!
5. I wished I could have been speaking up more, expressed my feelings.
6. I wish that I had not spent so much time away at the office.
7. I wish I had paid attention to small details in life.
8. Always tell people you love them; it might be the last time you see them.
9. Mend broken relationships.
10. Just go ahead and do your bucket list; don't wait till it's too late.
11. Be more grateful for life.
12. Why are you always here working all the time? (I was often asked this by my end-of-life patients.)

As noted earlier, there are many barriers to having a good conversation about death. The most common barriers are people's lack of experience, their fear of mortality, their avoidance of emotions, a sense of guilt, fear of losing hope, and insensitivity about the topic.[65] Those barriers were exposed and normalized during the three-week workshop series.

[65] Long Beach Memorial Hospital, *ELNEC*, 1.

I provided the talking points in combination with the PowerPoint presentation from “The Best Is Yet to Come: Life Lessons on Having a Hope Filled View on Death” (see Appendix B).

The Table Talks were increased in time each week as the attendants got more relaxed and at ease to engage in conversations about death and dying. The allotted time increased from ten minutes to twenty minutes, and they still stayed after the workshops ended to continue to do Table Talk. The taboo from the topic was removed for these participants, and they left asking for more future workshops.

Questionnaires were placed on each table, and there were three questions being asked of them, one question for each week. Everyone around the tables was allowed ample time and space to respond. The first question was, “When was the last time you had a conversation about the topic of death and dying?” The answers were that the majority of the people had never had a conversation about death and dying. Many answered that they had had a conversation about it when someone they knew was dying. Several of the people answered that they had no memory of having had a conversation about death and dying until they signed up for the “Best Is Yet to Come” workshops. The second question was, “What are some obstacles/fears about not having had a conversation about the end of life?” Their answers were that they were too busy in life to have that conversation. They believed that if they had a conversation about it, it would dampen the mood of their loved ones, so they avoided the topic. Some were fearful that they would be judged by others. Some had belief systems that made them fearful if there would be divine judgement when they died. Some were fearful of the unknown. One of the replies was that they had the denial of death. Some felt that talking about it would

bring up too many emotions. Some said they were not close to dying, so there would be no reason to even talk about it. Some replied they did not feel confident in talking about it.

The third question was, "What do you believe is after death?" Being that this was mostly a group of believers, their responses were similar to each other. They responded that there is peace and comfort in God's Kingdom. They believed in an afterlife, and that it is a good thing. They responded that they expected to see their loved ones in eternity, family members who had died. Their friends, pets, and everyone else they knew who had died will be there. Someone responded that all the answers that they have searched for in their life will be found in the afterlife. They believed they will be greeted by Jesus, God, family friends, and pets and be welcomed by them all. They believed there would be people singing praise songs and a time to praise and worship the Lord for eternity. Most of the replies were that they believe in life after life. (The completed questionnaires are found in Appendix C.)

In addition to the three-week "The Best Is Yet to Come" workshops, I completed my two-week preaching series about the same topic (Appendix D). My goal was to educate and teach my congregation about death and dying and to be at peace and filled with hope as they came closer toward their end of life. I developed the "Best Is Yet to Come" two-week preaching series to preach to the entire congregation. The sermons were preached at the same church where I had presented the workshops just a few months earlier. I created questionnaires about the sermons, and those were distributed by the Site Team members to the congregation after the sermon series was completed. The congregation's feedback was collected and documented, and it showed that the people

felt more hopeful about death and dying after hearing the sermons than what they had felt prior to hearing the sermons. After the Sunday service was over, I stood by the church door thanking people as they were heading out from the church service.

Usually, the parishioners leave church quickly after the service is over. They have lunch dates with friends and families. I did not expect to get such overwhelming positive feedback immediately after the sermon series. The congregation shared how much more hopeful they felt about their eventual death after having heard the sermons. Many said, "Praise God you are talking about dying with hope — I needed to hear that." They overall felt more hopeful, and their faith in Jesus was strengthened. They loved hearing the stories from the patients who had had near-death experiences, as it provided the congregation with a hopeful view on death and dying. They felt hopeful and energized from hearing the stories from those who had already died. The stories came from real life patients who had already died, but their stories lived on and gave hope to those who are still alive. What a testimony that makes for God's people. After having heard the sermons, some of the parishioners shared their responses to my questionnaire, which include the following four questions:

1. Did my sermon change your way of thinking about death and dying?
2. Did my sermon provide any new insight into Scripture?
3. Did you learn something new from my message?
4. Did my sermon offer you hope?

The responses were unilaterally "yes" that the sermons had changed their previous thinking into a positive view about the topic, and they became hopeful about death and dying. They heard and took on new perspectives, becoming more hopeful and

at peace about dying. They also felt grateful to hear (again) how Jesus Christ sacrificed his life and rose again so we could have eternal life. They gained new insights into the Scripture passages from the Twenty-third Psalm and Thessalonians, which the sermons were based on. They responded that they felt assured there is life after life, hopeful, and their fears were removed. Their responses are added to Appendix D, as they are of great value and so informative of what happened after they heard sermons about death and dying. It provided the listeners with hope, and it removed the taboo from the topic of death and dying. They became more focused on the new things that God is doing compared to what they had been focused on before the sermon series. Being a follower of Christ, a child of God, became something that is taking place right now, in the here and now. The three-week workshops and two-week sermon series helped the listeners to be affirmed in their faith in God, and also to be encouraged as they participated in the Table Talks at the workshops. The fear and taboo of talking about death and dying were removed. God did a new thing, and still is doing a new thing with conversations and sermon series. That is great hope for all.

The two sermons that I preached for the two-sermon series are in Appendix D, followed by my questions and the responses from the congregation with their feedback on the sermons.

I also completed my third goal. I taught a grief class via Zoom for people who were grieving the loss of a loved one. Everyone had a unique and different grief journey. Grieving affects people in several areas, such as spiritual, physical, and/or emotional distress. My goal was to assist them with their journey of grief and be with them through

the path of sadness, confusion, anxiety, fear, depression, and emotional suffering that many had.

It was important to help them move through the stages of grief one step at a time so that they would not get stuck in chronic grief. To help them learn how to process their grief by being in the support group, they were aware that they were not alone in their grief. They watched videos prior to each Zoom grief class, and we discussed what they had learned from watching the videos. Each week they learned to open up and talk about their emotional pain from their loss of a loved one. My intent was for each participant to learn to talk about their grief, and as they accepted it, then they were able to move forward one step at a time with acceptance, and peace and a glimmer of hope for the future.

The curriculum I used was a preexisting church curriculum from *GriefShare: Your Journey From Mourning to Joy.*[66] I met with the group for thirteen weeks via Zoom. I have found this curriculum helpful for those who are grieving. It consisted of a workbook, the videos, and the grief group meetings that I facilitated by using Zoom, where everyone in the group had a chance to meet and share in their grief experience. The *GriefShare* workbook had thirteen sessions, such as: Is this normal? Challenges of grief; Relationships; Guilt and anger; Complication factor; Stuck; Lesson of grief; Heaven; and What do we live for now?"[67]

Before the pandemic of COVID-19, I would have grief groups that met in person at the church. I found that it was a normal occurrence for people to drop out after a few

[66] GriefShare, https://www.griefshare.org (accessed Nov. 9, 2023).

[67] Ibid.

weeks when we met in person. There were many reasons why; mostly it was that people did not like to drive late in the evening to meet in a big room at a church. However, during the COVID season I moved my groups to meet online via Zoom. No one dropped out of the grief class when we met online. I found that people were more comfortable talking about their grief when they were seated in their own living rooms in their homes and did not have to drive to church to meet the grief group. I kept the grief classes on Zoom even when it was safe to meet in person as the COVID season ended. The participants were engaged in the materials, and most of them watched the videos prior to each Zoom class. They felt comforted and had their barriers normalized as they were encouraged to share about their losses. They found that the others in the group had very similar feelings after the death of their loved ones, and just being together — where they did not have to be strong but had the freedom to grieve — helped them to be encouraged in their grief journey.

Many of the participants in the grief group were grieving the death of a parent, spouse, or other family member. We shared our stories of grief, listened to each other's stories, and I advised everyone to not give advice or judge each other's grieving process. Nor were we allowed to rate our griefs, to compare who had the worst scenario. We were simply to accept where everyone was on their grief journey. Everyone was to adhere to strict confidentiality about each other's stories, and to be sensitive to one another. The participants were a mixture of Christians and non-Christians. I gave permission to everyone to be aware that we did not have to agree about everything. They did not have to agree about everything they watched in the GriefShare videos. I was adamant that it would a safe space, so it was acceptable to agree to disagree about some of the stories

they watched. One of the first things we did was to talk about how grieving is a normal thing to do in life, and grief hurts. Sometimes the pain of grief would get worse before it got better.

Grief is not an illness. Many in my grief group believed that there was something wrong with them because they were feeling sadness and grieving; some had requested pain medications from their doctors. Several had been given prescription pain medications. They were not suffering from an illness; they were suffering from grieving the loss of a loved one. According to Dr. Pamela Esau, "Feelings of grief and pain are natural. For whatever reason we are afraid to feel in our American culture. We take pills, distract ourselves with entertainment, and generally avoid discomfort, but this is not helping us."[68] I reassured the participants that it is normal to feel sad when we have loved someone who is no longer with us. It is a journey of grief, and healing comes after we process our grief. That is what my grief group was about, to be healed so that we can move forward and adjust to a new path that is ahead for us. Although it can feel like a part of us died with a loved one who died, the reality is that we are still here, we are still alive, and God has placed a new song to sing in our hearts. Dr. Esau says, "Eventually you will need to adapt to this new normal, which entails reorienting and restructuring what you do with your loved one missing from the picture."[69] Some years ago, when my husband and I were grieving that he had been diagnosed with cancer, he said, "Anette, we are not helpless victims to just give up. We are going to live life as it is now and accept the reality of cancer." And so we are living that new path. It is not over; it is just a

[68] Dr. Pamela Esau, *You Don't Need to Be Strong: Navigating the 4 Tasks of Grief* (Amazon Kindle Direct Publishing, 2021), 67.

[69] Ibid., 91.

different path. Grief is not our identity. Being a child of God is our identity. I have learned to connect with and assist others who are grieving because I, too, have had many losses in my life. I can be there with them in their depth of grief because I have been there, too. My goal in doing grief classes has been to help others move towards healing and hope again. Grief has also taught me to trust more in God, because God is loving and kind and provides us with much comfort and grace as we grieve the loss of a loved one. I have found much comfort in Psalm 40:1-3: "I waited patiently for the LORD; he inclined to me and heard my cry. He drew me up from the desolate pit, out of the miry bog, and set my feet upon a rock, making my steps secure. He put a new song in my mouth, a song of praise to our God" (Psalm 40:1-3 NRSVUE). I believe that God makes a new thing for those who grieve. After we suffer from grief after the loss of a loved one, there is a new normal where we learn how to live life without our loved ones; there is healing on our journey ahead. We can only heal by the grace of God. God gives us a new song to sing — it might be a different song, but with God all things are possible. We live with the spirit of the living God as everything works together for good. God is not done with us yet; we have been given a new song to sing God's praises.

I made some modifications to my evaluation of my third goal from my proposal. Instead of having the participants fill out an evaluation after the grief classes, I decided to do the evaluation by inviting the participants to meet in person at the church. It was close to Christmas time, and many mourners have a very difficult time celebrating Christmas when they feel saddened by not having their loved ones with them during such a special time. I created and organized a "Blue Christmas" service where the participants were invited to come and give verbal evaluation of how the grief classes had helped them

towards healing. The service took place on a Saturday evening before Christmas. The deacons helped to set up round tables decorated in blue tablecloths, with silver garlands, refreshments, and candles on each table. Tom McMahon, a seasoned singer and guitar player, came to sing "Blue Christmas" by Elvis Presley and several Christmas hymns, and the participants sang along. I preached a homily about God's healing presence in grief. I also did a communion service where the participants came forward to take communion and receive a blessing. (The "Blue Christmas" service bulletin and sermon are included in Appendix E.)

In the second half of the service, I invited each participant to come forward, and they brought photos of their loved ones whom they were grieving. They were invited to light a candle for each of their losses and tell the story of their loved ones. The participants loved it; they were sharing stories that made them cry, and stories that made them laugh. They were personal stories of having loved someone. These verbal evaluations demonstrated that the participants came to share as they had felt the safe space that had been created for them. They had grown into the community of other mourners; they had some things in common with each other. It was healing for them to share their stories of the past, present, and their hopes for the future. The journey of life, grief, and healing through God's hope is for everyone. Grief is a beautiful gift that we have loved someone, and that we are loved by God. Love never dies, because God is love. We have hope that by God's grace we will be reunited with our loved ones again. See, God is doing a new thing for all of us. Hope is here.

CHAPTER 5
MINISTERIAL COMPETENCY

The three competencies chosen for development were Pastor, Spiritual Leader, and Professional. My Site Team and I in collaboration chose these three competencies to assist me to begin to practice self-care and to learn to set and keep healthy boundaries for myself. It has been a challenge for me to learn how to have boundaries by practicing saying “no” — to learn when to say “yes” and when to say “no.”

My Site Team knew I was overworked and overwhelmed with always saying “yes” to all the demands that were put on me as a pastor. I had to learn how say “no” to some of the demands so that I would be available to say “yes” to make time to observe the Sabbath. My life was unbalanced with only work, and no rest. I love my vocation as pastor, as God has called me to feed and take care of the people of God. I preached the Gospel of the Good News to all. I visited patients in the hospital when they were sick, ministered to those who were on their death beds. Provided grief groups and grief counseling to the mourners. Officiated at memorial services and comforted the bereaved. I organized and taught mid-week Bible studies to the congregation. I provided the sacraments in church and brought communion to those who were homebound. I reached out to those who were non-churched and welcomed newcomers to church. I produced soul care Bible studies and soul care retreats, and taught on the topic of taking care of the

soul. Yet, I did not practice what I preached because there was no time left for me to do so. I was always working, and had neglected my own soul care.

I was soul fatigued as I was overworked and burned out. Yet, I still wanted to do more for God's people. However, it was not God who called me to do more for the church. The church has a lot of expectations on pastors, and when other staff members resigned from their positions and left the church, their workload was added to my role. I became like a pastoral machine with doing, and more doing, which was outside of God's call for me. It was not sustainable to only do for others without doing any self-care for myself. Besides, it was not God's call for me. I did for others what I needed to do for myself. My professor Dr. Ivan Pitts said to me, "Anette, God did not call you to die for the church — Jesus already died for the church, so you don't have to." It was time to remove the label of being a workaholic and begin to practice self-care. I began to practice what I preached by doing self-care and setting healthy boundaries.

I. Pastor

The Twenty-Third Psalm is from where God's call for me into ministry began so many decades ago. I view myself as a shepherd caring for and giving comfort to God's people, especially those who are at the end of life. I guide them through their end-of-life journey by creating space for peace and hope. I provide grief counseling and support their loved ones in the aftermath of a death. Ministering to those dying at their end-of-life journeys can be a beautiful experience. However, if there is no created space and time for Sabbath, it becomes unbalanced in the life of the caregiver, and it can become emotionally draining and exhausting, which leads to being burned out.

As I grew deeper into my call as pastor, it became clear that it resembled that of a loving and caring shepherd. Being a shepherd felt familiar to me, caring for God's flock

by feeding and watching over them while providing them with peace and hope. It was a beautiful illustration of my soul. I have a deep love for animals, and the warmth of a shepherd was food to my soul. I learned to practice soul care to myself, which then helped me to better integrate soul care to the dying.

I made some adjustments to my previously made strategies that were part of my proposal. I took advantage of a new opportunity as it became available through the Presbyterian Church (USA) Board of Pensions wellness program. They offered a retreat for pastors titled "Flourishing in Ministry: Writing Your Story of Self-Care-and Soul Care." It was offered for a nominal fee to all Presbyterian pastors to learn how to practice self-care, to learn how to take better care of ourselves so that we can better take care of our parishioners. The program was provided at a Presbyterian Retreat Center in Asheville, North Carolina, for a week. I took a week off from church and flew to North Carolina. It was unusual for me to take a week off to go and do something for myself. It was a difficult decision, yet I did it anyway. And I am glad that I did, as I learned something new. God was doing a new thing in my life by teaching me the value of soul care and self-care. The soul care retreat was so valuable for my soul that I started a new thing in my life by attending soul care retreats once a quarter. It has been very helpful, as I have grown deeper in my own faith to better understand the spiritual needs of not only myself but also of those who are grieving. I researched the topic of soul care and revisited a soul care retreat presentation that I had created and produced during the COVID-19 season. I have made it available for my parishioners, as well as for my grief group, so that they would learn how to practice soul care on a regular basis. I have planned to teach my soul care retreat once a year to my grief group. I believe that we all need to be reminded

of the importance of practicing soul care to ourselves. I now preach what I practice myself; caring for my soul teaches my congregation to care for their souls as well.

The Presbyterian Church (USA) Board of Pension has ongoing online wellness programs that I have joined, and the programs are also available to help with staying healthy in body, mind, and soul. One of the objectives from the retreat was to reconnect with my biblical foundation for self-care and soul care. Personally, there are two significant scriptures that have changed me from the inside out by doing a new thing for those I minister to. The first one is from Luke's text where it describes Jesus being present with his two friends Mary and Martha. I used to identify with Martha, who seemed so much like me — hard-working, workaholic, and getting things done so that others would be cared for. I used to think that Mary was not helping at all because she was just sitting there talking to Jesus. She was not doing any work, and that used to bother me about Mary. I used to not like Mary until I heard Jesus' voice speaking to me, similar to what he spoke to Mary, "Anette, come and spend time with me right here, right now." Those words of Jesus healed my soul and set me free from old thought patterns that I had to be a workaholic, because Jesus' call for me was not to be doing more. Jesus' call for me was to be with Him, spending time with Him. Jesus does not love me more if I work more; I am loved regardless of what I do, or don't do. More than anything else, it is my time that I spend with Jesus that gives me peace and hope for my soul. The biblical text says:

> Now as they went on their way, he entered a certain village where a woman named Martha welcomed him. She had a sister named Mary, who sat at Jesus's feet and listened to what he was saying. But Martha was distracted by her many tasks, so she came to him and asked, "Lord, do you not care that my sister has left me to do all the work by myself? Tell her, then, to help me." But the Lord answered her, "Martha, Martha, you are

> worried and distracted by many things, but few things are needed—indeed only one. Mary has chosen the better part, which will not be taken away from her" (Luke 10:38-42 NRSVUE).

Another biblical text that has profoundly impacted my call as pastor is the Twenty-Third Psalm, as the text spoke to me as a young girl during my confirmation classes. When I confessed to the confirmation pastor that I had come to believe in Jesus Christ as my Lord and Savior, the pastor kicked me out of the church because his intent had not been for me to become a believer. He said believing in Jesus "is not for you. It is for weak people only." Well, when I was weak, the Lord was strong through me, and I had memorized the Twenty-Third Psalm, so I was able to hide it in my soul to keep it with me for the rest of my life. I prefer the NASB version of this Psalm, as it describes "the valley of the shadow of death":

> The LORD is my shepherd; I will not be in need. He lets me lie down in green pastures; He leads me beside quiet waters. He restores my soul; He guides me in the paths of righteousness for the sake of His name. Even though I walk through the valley of the shadow of death, I fear no evil, for You are with me; Your rod and Your staff, they comfort me. You prepare a table before me in the presence of my enemies; You have anointed my head with oil; My cup overflows. Certainly, goodness and faithfulness will follow me all the days of my life, And my dwelling will be in the house of the Lord forever (Psalm 23 NASB).

I am an immigrant to America; my roots were pulled up when I left my birth country of Sweden. However, my primary culture is deeply imbedded within my soul. It has been said that you can take the girl out of Sweden, but you can't take Sweden out of the girl. My Swedish culture remains a part of my soul. I came from an egalitarian society where we were all equal. The educational systems and workplaces did not have the hierarchy that exist in the United States. It was a culture shock to me when I arrived here to find so many differences. Like most immigrants, I had to work twice as hard to

compete in the workplace. The American culture tends to embrace overwork and workaholics. The Swedish society encouraged people to not work so hard but to take time out from working to have coffee with friends and co-workers. It is called "*fika* time" and it is observed twice a day in all workplaces. All workers stop their work to take time off to have coffee with their friends. There is also the mandatory vacation time for all working people of seven weeks off in the summertime. In the Swedish culture, what we do for a living is not what is important to our well-being. That is what Jesus said to Mary and Martha when He told Martha to not work so hard, but that Mary was doing the right thing — spending time with Jesus, simply being present.

When I first came to America, I was surprised that when people introduced themselves, they first said their name, and then they said what they did for a living. That was odd to me, because status was not that important where I came from. I was used to introductions where people introduced themselves with their first names. During a greeting, there would never be any mention of what their vocation was. The reason for this was that vocation is not what identified us.

I have made some modifications to what I have learned from the soul care and self-care retreats and the boundaries readings. I believe that God is doing a new thing with how I minister to people. I have come full circle, as I have included my cultural roots in how I practice soul care for myself, and to others. I have included *fika* time during my soul care workshops and set aside sacred space for people to connect with each other as they had spiritual conversations over *fika*. The workshops had more purpose when there was *fika* time for everyone to connect and engage in conversations about soul care.

I learned that I had to reconnect with biblical and theological foundations for self-care and soul care. I also realized that I had to reconnect to my own personal culture and traditions that had been kept dormant for so many years. I had become so totally consumed in my role as pastor and chaplain that I had forgotten to care for my soul. There was no leftover time for me. I was more like a pastoral care machine than I was a daughter of God. I provided Sabbath for others, but not for myself. I realized that I had to return to God's Word for Sabbath. God rested, so I began to rest, too. If God took a break from working to get some rest, then it is a must for me to rest, too. Walter Brueggemann said, "God did not show up to do more…God did not come to check on creation in anxiety to be sure that it was all working. God has compete confidence in the fruit bearing, blessing generating processes of creation that have been instituted."[70]

God's Word taught me to turn away from being a workaholic to being present to my own soul. There had been many obstacles for me to practice soul care and self-care, and I identified what those barriers were. I was overly focused on work and caring for everybody else. I was always available to people, and to work. I never took time out for Sabbath because I had made myself available 24/7. However, that was not what God had called me to do, and I had to repent and ask God's forgiveness. Once I had identified what the barriers were that had stopped me from practicing self-care, I was open and ready to change that. I read books on boundaries, including *Boundaries* by Dr. Henry Cloud and Dr. John Townsend, where I learned valuable lessons such as, "you need to firmly establish your identity, separating yourself from those you are attached to…And

[70] Walter Brueggemann, *Sabbath as Resistance: Saying No to the Culture of Now* (Louisville, KY: Westminster John Knox Press, 2017), 29.

then you must step out as God leads you."[71] These were new boundaries that helped me to care for myself and others. Once I identified what practices enhanced my nurturing of my soul, I was able to change and implement some new things that God had already blessed me with.

When I was attending the soul care and self-care retreat in North Carolina, the group leader asked me a question that I had a very difficult time responding to. She asked me, "What have you done lately to take care of your soul, and when was your last Sabbath?" At that time, I did not have an answer, but it was a pivotal moment for me. The time was ripe to respond to the new thing that God had for my soul. I began to take daily time out every morning at 6:00 a.m. to light a candle and have prayer time with God. I am a strong believer in the power of prayer, the gift through which God invites us to openly communicate directly with Him.

"Good morning, God, I love you and I adore you" are the first words that I speak in the morning. I spend the first hour of every morning in prayers, reading and studying the Bible and I also do Lectio Divina and journaling. To seek God's discernment and wisdom for the day is of the essence to me. My personal devotional time is then followed by reading books and studying about boundaries. I have found them to be interconnected with each other; the scriptures and the readings about boundaries helped me to accept and view that soul care is of the essence to all of us, including my own self-care. I was great at teaching about soul care and encouraged others to practice self-care. However, I neglected my own soul care, and the time had arrived to do a new thing.

[71] Henry Cloud and John Townsend, *Boundaries: When to Say Yes and When to Say No to Take Control of Your Life* (Grand Rapids, MI: Zondervan, 1992), 206.

I began to see a pattern in my life, in which some things that I used to enjoy that had been helpful to me were no longer part of my life. Through my daily time with journaling, the barriers were identified, and I realized that I had eliminated things from my culture of origin that had nurtured my soul. My grandparents were my very first spiritual directors; although they did not adhere to any religious belief systems, their characters were that of Christ. They were loving, peaceful, accepting, kind, and welcoming of all. They loved the simplicity of life, being outside in nature all while being surrounded by animals. They took great care of their animals, including a cat, a dog, and a horse, among some chickens and geese. Having spent much of my childhood with my grandparents, spending time with them and their animals was what provided me with peace. It helped me to be present in the moment of time to hear the quietness of the surroundings, and it was a spiritual time. I missed being around that as it had provided me with peace and calm to my soul. There was something very spiritual about those times in nature with animals.

It was during my time in prayers and time with journaling that I realized it was time for me to go where I felt nurtured. I made the decision to find a local farm with horses, and I began to learn how to go horseback riding in my wiser years. It was physically painful at first, because my wiser joints had never been used like they were on a horse. However, I began to feel more peaceful and calm. Despite my aching joints, it provided nurture to my soul and gave me a new thing: spiritual awakening with listening to God's voice in the midst of being in nature riding a horse in the stillness of God's spiritual clarity on how to practice soul care to myself and that of others. It has taught me to be present in the here and the now, something that I have begun to preach about in my

sermons — to be present to God, and to slow down our pace to notice that God's presence is already here with us. Sometimes we miss it because we are too busy running after whatever is shining the brightest around us. Horseback riding has given me peace and serenity to my soul, brought me the awareness to the healing presence of God's creatures and the self-awareness that is needed for being a pastor who can be present to her congregation in their needs and despair.

This newly discovered horseback riding taught me the importance of returning to my roots from the Swedish countryside with my grandparents and their animals. It was the simplicity of God's created nature that provided me with the peace, serenity, and calmness that sustains my soul for ministry. The horses are the gentle giants that showed me to be nonjudgmental, and to create safe space for myself and for others as well. They helped me to trust myself and become assertive in my approach to ministry. To communicate with a horse, there must first be safe space to have trust between the rider and the horse. The horses are much bigger than me, and if I fall off it could kill me. So, I had to trust the horses as I was taught the skills from an instructor on how to be a wise and good rider. There was a safe bond between us; the horse trusted me as much as I trusted the horse. That was a valuable lesson to learn. It was frightening at first to learn a new thing; it was even physically painful to my body. However, it was the best self-care I have ever practiced.

During my weekly time going horseback riding, I pray out loud to God thanking Him for the beauty of His creation, and I even began to sing hymns out loud from the back of a horse. The horses seem to understand that there is a spiritual encounter as we

rode on the trails of the foothills of Southern California away from the busyness and all the noise of freeways.

It has been healing to my soul, and I have re-learned how to practice self-care again. I had missed taking care of me, and although I love to care for others, it is not sustainable unless I first take care of myself by practicing soul care. I trust in God that all is well with my soul and for the souls of those whom I minister to, especially those who are at their end of life. I believe that my own self-care through returning to my roots to be in the company of horses and now having learned how to go horseback riding has taught me to trust to a deeper level in my faith in God.

I trust that God is good, and that when we become workaholics and burned out in ministry, and when we get disrespected and when we feel left out and abandoned in our ministries, that God has created a safe space for us to be healed again. I heard hope through the words of Jesus saying that when we come to the point of being overworked, it is safe to go to Jesus and be restored and refreshed, and for the soul to be refueled again. Jesus said, "Come to me, all you who are weary and are carrying heavy burdens, and I will give you rest. Take my yoke upon you, and learn from me, for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy, and my burden is light" (Matthew 11:28-30 NRSVUE).

Those words from Jesus brought me hope and refreshed my soul to be a pastor to those I minister to when they are on their deathbeds. I can truly be present to those who are dying when I can do my ministry through the spirit of Christ and not on my own human spirit. God called me into ministry long before I heard it. God knew what my soul needed, and what would be soul giving to others. I love these words from Henri Nouwen,

"The Christan leaders of the future will be those who dare to claim their irrelevance in the contemporary world as a divine vocation that allows them to enter into a deep solidarity with the anguish underlying all the glitter of success, and to bring the light of Jesus there."[72]

That's where I feel the most at home in my soul — a girl from Sweden who loves to be with those who are dying, and help them be at peace as they die, then preach about it to others so they can have hope of eternal life. I can only do that through the spirit of God's presence as I practice soul care with being in God's created nature surrounded by horses and reminders of God's still voice for guiding me forward to feed and care for God's people.

II. Spiritual Leader

This is not about me. It is about our loving God who has called me to be a spiritual leader caring for God's people, especially those who are at their end of life. To comfort them through the Holy Spirit's divine presence to give them hope and be at peace as they take their last breath.

If someone would have asked me when I was a little girl in Sweden what I would want to do with my life when I grew up, I would never even have thought about being a spiritual leader. It is not something I would have chosen to do on my own. God has called me though the Holy Spirit's dwelling in my soul to guide me to be a spiritual leader. It has been both a blessing and a curse to be ministering to those who are dying. I love it, and I also have been burned out by it because of all the demands that were placed on me.

[72] Henri J.M. Nouwen, *In the Name of Jesus: Reflections on Christan Leadership* (New York: Crossroad Publishing Company, 1989), 35.

My response has always been “yes” when an end-of-life patient called for me to come to be with them as they died.

Dying is a spiritual experience, and I have a deep desire to create a sacred space for those who are dying to experience God’s loving presence surrounding them with peace. To accomplish this, I must be firmly planted in my faith with all of me: body, mind, and soul. I have learned to slow down my pace to listen to the Holy Spirit’s voice.

It was during the COVID-19 season when there were lockdowns and stay-at-home orders that I made the decision to create and plant my own prayer garden in my back patio. The back patio had been an eyesore due to the reality that I was constantly working and had no leftover time to take care of it. I had no prior experience with being a gardener, but I began to study gardening and came to find that most plants need light, not necessarily daily watering, but they do need light in order to thrive and grow healthy. I had a lot of failures in the beginning with planting the flowers. Some plants died right away no matter how much I talked to them, watered them, or begged them to stay alive. They still died. But other plants thrived and grew into beautiful creations. And they were all being prayed over.

It was in the prayer garden that I noticed how my planted flowers needed to be rooted in good soil, be in the light, and periodically be watered. If the soil was poor, the plant did not grow at all, but eventually died. In my prayer garden, I sensed that God is the divine gardener for my soul to stay grounded in my faith and be firmly rooted in the essence of his creation. I wanted to help my congregation to nurture their faith by being planted in fertile soil so that they could grow deep roots in their relationship with God. I desired for them to slow down their pace in their busy lives to be still to hear the voice of

the Holy Spirit leading and guiding them forward. My plan was to teach the congregation to learn how to create sacred space in their daily lives to spend time with God, and begin to embrace that there is so much more to life than working 24/7. They needed to learn to be people of prayer and know that they are spiritual beings with a human experience, and being the people of God, they need to spend time with their Creator more often than on Sunday mornings in church. There is divine purpose in being a child of God; there is meaning and joy to be the hands and feet of Jesus in the world. As Kingdom builders, we can change the world for the better by God's grace.

One of my strategies was to use the book *Space for God* by Don Postema, which is a study and practice of spirituality. This strategy was completed as I created a church retreat with a PowerPoint presentation on the importance of creating space for God. I created the church day retreat to be in three parts. The first part of the retreat was in the early morning for the attendees to participate in a guided scripture reading incorporating gentle yoga stretches. It was called Holy Yoga and taught by one of the Site Team members. The second part was for the attendees to enter a second room where my Site Team and I had set up a refreshment table with Swedish cinnamon rolls and coffee. It was a typical Swedish *fika* time where the attendees had conversations with each other around the tables, drank coffee, and ate the pastries, all while hearing soft music played in the background. The third part was the presentation of my "Space for God" PowerPoint presentation, which was followed by a hand-washing ceremony where I had each participant come forward to have water poured over their hands. Then as I dried their hands, I did a blessing of the hands by anointing them with oil. Each person's hands were

prayed over and anointed with oil as they were being prayed over. It was an emotional ceremony for many.

My original strategy that had been part of my proposal was to teach a class about making space for God to a small group in my prayer garden. However, that had to be modified as there was a big interest from the congregation in attending the class. My prayer garden was too small to accommodate all the people who had requested to attend. I felt overjoyed that people had shown interest in the topic of learning how to create space for God.

I prayed about it and decided that instead of having a small group in my prayer garden, I would invite all the people at church to attend the class. I created and organized a half-day retreat on a Saturday morning so that it could accommodate more people to take advantage of the event. Along with my Site Team, we set up the event in the educational building at the church where there was a kitchen and two rooms, including one smaller room where we had the Holy Yoga take place in the early part of the morning. Then we used the larger room for the PowerPoint presentation and teaching time, as that room could accommodate all those who had shared with me that they wanted to attend the class on creating space for God. Since the congregation came to the mini retreat and listened to the workshop about creating space for God, I modified the original strategy, which was to preach a sermon about creating space for God to the congregation, as that would have been redundant. They had already heard and learned about it at the workshop. After the PowerPoint presentation, I had created a questionnaire for the attendees, and those were handed out and collected by the Site Team. Those are included

in Appendix G to show how incredibly helpful it was for the attendees to have learned about creating space for God.

I began to notice a pattern in my life that every time I had an event such as the workshops that were part of my dissertation, something unusual had happened leading up to it. When I did "The Best Is Yet to Come" workshop, the wildfires of Laguna Niguel took place. With the mini retreat "Creating Space for God," something unusual took place the day prior to that event. I had been at a church in northern Orange County with the Presbytery Gathering. The pastors of my Presbytery gather once a quarter for business meetings and also for a time to come together and worship God as leaders of the Presbyterian Church (PCUSA). As we had finished our worship and were about ready to move into our business meeting, all of a sudden there was police presence in the church and police helicopters flying above. We were all gathered in the sanctuary of a church early in the morning. It was so loud above us that I was no longer able to hear the speakers talk from the front. As I decided to stretch my legs and walk around in the church building, I realized there were police everywhere around the building, with firearms drawn. I wondered to myself what on earth was going on, but before I could ask anyone, there was an announcement in the church. We were told that we had been placed on lockdown; we were not allowed to leave the church, go outside, or do anything else but stay put in our seats in the pews. There had been a robbery across the street and the people had run into the church to hide somewhere. No one knew where they were, but they were armed and dangerous, we were told.

It was an eerie and frightening time for all of us being on lockdown inside, not knowing how it would end. We were told by the authorities to not communicate to

anyone outside the church, to not call on our cell phones. As I was sitting there hearing the loud police helicopters above the church, and the sirens outside of the building, I had a soul moment when I came to realize that the only thing I had was the most powerful thing of all: prayer.

I began to pray in silence, and I found that to be the best thing that I could have ever done during a tense moment like being in a lockdown. As I was quiet in God's presence, I prayed in silence, and it provided me with calm and peace in my spirit. I also used my cell phone and texted my family and friends and requested their prayers, which was of so much comfort knowing that God's people were praying for me, and also for my pastoral colleagues who were on lockdown inside the church. It gave me perseverance for the hours we were sitting there not being able to move anywhere. As John Calvin said, "Prayer is an act, but that does not mean it must be noisy. It can be an act of silence — of quietly being with God. … Some people believe that when you stop talking, you are not at the end, but at the beginning of real prayer — standing in the presence of God with mind and heart."[73]

As the hours passed by, I felt covered in prayers and peace, the fear was gone, and the peace of Christ was in my heart. Eventually, the people who had robbed the store across from the church were caught, as they had been hiding in the church's kitchen area. We were finally told that the lockdown was over and we were free to leave, which I did after I had lunch with my colleagues. The very first place I went after having been on lockdown for half a day was to the barn where I had started my horseback riding classes.

[73] John Calvin quoted in Don Postema, *Space for God: Study and Practice of Spirituality and Prayer* (Grand Rapids, MI: CRC Publications, 1983, 1997), 114.

I needed to be outside in nature and go horseback riding after the event that had taken place.

As I arrived at the barn, a horse came up to me as close as I had ever seen a horse before. The name of the horse was Spinner, and he so gently pressed his head calmly against my face and looked into my eyes as if to say to me, “Here is a hug for you. It is going to be OK.” It was as if the horse knew that I had been through a traumatizing event with having been in the lockdown earlier that day.

The horse trainer explained to me that when horses encounter humans who have been traumatized, they can sense it and they can become the most amazing spiritual counselors by providing calm and peace to human beings. Spinner provided space for God for me to become even more calm and sense the peace of God’s presence.

I shared the story of the lockdown and the horse with the attendees of my “Creating Space for God” spiritual retreat because I believe that story could help others to know that we all need God’s presence, even pastors and spiritual leaders. Being in God’s presence humbles us and helps to unite us with each other. We all need each other to pray for us, and the more we pray for each other the more we get humbled by it.

I taught on the importance of creating space for God daily, prayers, and devotionals — studying God’s Word is something we must do daily and not only for one hour on Sunday morning. I compared the prayer life to a pitcher that only has so much water in it to be empty once it has all been poured out. When the pitcher is empty of water, it needs to get refilled from somewhere. It is the same for us; if we choose to have a prayer life like that of a pitcher, we will run dry and not have enough to share. However, a fountain has flowing waters, and it does not run out of water; it does not run

dry because it is constantly being filled with water. We must be like a fountain when it comes to our prayer life; the time we spend with God needs to be ongoing so that we do not run dry in our prayer life.

Prayer is so powerful, and it changes everything. Mostly it changes us from inside out, and it changes everything we pray for as well. We open ourselves up to God when we pray, and we let God do a new thing within us as we pray. I have seen God's miracles with my own eyes, and I have been a witness to so many miracles, especially with end-of-life patients. God provides His grace for them when they die; they are eternally healed with life after this life.

"Thus says the LORD, the God of your ancestor David: I have heard your prayer, I have seen your tears; indeed, I will heal you; on the third day you shall go up to the house of the LORD" (2 Kings 20:5 NRSVUE).

Anytime we start to do something new in our lives, like practicing soul care and creating space for God time, it takes a while before it becomes a habit. Most agree that it takes about twenty-one days before a new habit becomes part of something we do on a regular basis. It is the same with spending time with God to make prayer part of our daily routine. Self-care and tending to our souls begin with prayers. Since we are spiritual beings with a human experience, prayers are deeply embedded within us; we are being in the presence of our Creator and Maker. As Malcom Boyd wrote in his book *Are You Running With Me, Jesus?:*

> Prayer, for me, used to stand as something separate from other parts of my life. But I have come to learn that real prayer is not so much talking to God as just sharing God's presence…Prayer, I have learned is more my response to God than a matter of my own initiative.[74]

[74] Malcom Boyd quoted in Don Postema, Space for God; *Study and practice of spirituality and prayer* (CRC Publications, Grand Rapids, MI: 1983, 1997) Page 90.

In my role as spiritual leader, I have taught numerous Bible studies, taught on topics that are relevant to all people, and preached sermons about the Gospel of Jesus Christ to all. I have served the poor, prayed with those who were suffering, held the hands of those who were dying, and buried the dead. But what good does it do if I cannot communicate to the people of God that they must carve out time to create space for God and spend time in prayer, listen to and hear God's voice — then what was this all about? That is what this mini retreat workshop was about, to get my people to spend time with God in prayers.

I love the words of Henri Nouwen as he said, "Aren't we priests and ministers called to help people, to feed the hungry, and save those who are starving. Aren't we called to do something that makes people realize that we do make a difference in their lives?"[75] I have a deep desire in my heart to help people come to know Jesus Christ and to have a personal relationship with him. For those who already are believers in Christ, I have this deep desire to teach them how to grow deep roots in their faith. Because I do not have power over others, I have learned to let go and let God as I have surrendered my desired outcomes for what others decide to do or not do. However, I will continue to teach and preach the amazing Good News of the Gospel until God calls me home.

The "Creating Space for God" mini retreat was well received by the attendees. They were long-term church members, mostly women. Their responses to the questionnaires showed that they were grateful for the presentation, as it had reminded them of the importance of conscientiously making space for God and spending time in prayer. People had told me the previous weeks leading up to the presentation that they

[75] Nouwen, *Name of Jesus,* 31.

were too busy to come to hear my presentation on creating space for God. They eventually came anyway and told me how grateful they were for having decided to come and hear about this very important topic. It helped them grow deeper in their faith to be reminded on spending time with God and creating a prayer life for themselves.

I had everyone at the presentation exchange their own name for the name of Elijah in 1 Kings when Elijah had been looking for where God was, and he had looked for God in all the noisy places, but God was not there. Instead, he found God in the silence, where God asked Elijah, "Elijah, what are you doing here?" I had each person remove the name of Elijah and put their own name there: "Anette, what are you doing here?" It touched their hearts to see how God speaks to all of us, but we miss God's voice because we are always in a noisy world and we are fearful of silence. Here they got a sense of how silence is a gift to us from God, so that we can hear God's voice for us.

> He said, "Go out and stand on the mountain before the LORD, for the LORD is about to pass by." Now there was a great wind, so strong that it was splitting mountains and breaking rocks in pieces before the LORD, but the LORD was not in the wind, and after the wind an earthquake, but the LORD was not in the earthquake, and after the earthquake a fire, but the LORD was not in the fire, and after the fire a sound of sheer silence. When Elijah heard it, he wrapped his face in his mantle and went out and stood at the entrance of the cave. Then there came a voice to him that said, "What are you doing here, Elijah?" (1 Kings 19:11-13 NRSVUE).

The evaluations from the mini retreat "Creating Space for God" were collected by the Site Team after the conclusion of the event. Those are in Appendix G. The PowerPoint presentation for "Creating Space for God" is also in the Appendix. The evaluation was completed as the attendees of my class/workshop filled out their feedback. My questions were the following:

- Did my presentation change your way of thinking about creating space for God?
- Did my presentation provide any new insights into prayer? Please give examples.
- What did you most appreciate about today?
- Did you learn something new?

The responses from the attendees were an overwhelming positive affirmation that yes, the presentation had indeed changed their way of thinking about creating space for God. They responded that they planned to act on what they learned from the presentation. For some, it was a reminder that they needed to create space for God on a regular basis in their own personal lives. My presentation had provided them with new insights into prayer, and they gave examples such as learning how to be in silence, to pray, and to listen to God. It just does not happen on its own; we need to create space and set apart a time for that. We tend to be so accustomed to the noise in the world, and we must learn to create space for silence. I shared a story from a professor at Fuller Theological Seminary who said to me, "Anette, you've got to get out of the fast lane — God isn't there." We all need to learn to slow down our pace in life so that we can make time to create space for God and for prayer time. We need it more than we realize we do. Prayers give us peace and calm and a sense of belonging. We belong to God; that's where our home is. The responses were favorable for the "Creating Space for God" mini retreat; attendees shared that they loved that I was authentic in my role as spiritual leader and teacher, as I had shared with them that I, too, have struggled with taking time out from a busy schedule of working to now have learned to balance out life where my primary focus is on spending

time with God, and spending time in prayer. Being a spiritual leader, I taught on what I had learned about spending time and creating space for God from my prayer garden. I learned that not only do we need to be planted in the right soil in order to grow deep roots, but we also need to receive the illumination from the light of Jesus. That is how we grow deep roots in our faith. We create space for God, and we embrace the light of Jesus to sustain us in our faith. We pray for others, and we pray for what God places in our hearts. The attendees learned about the importance of prayers and creating space for God by giving every part of ourselves to God. They also responded that they enjoyed the hand washing ceremony and the blessing of the hands. It was a spiritual retreat that provided meaning and purpose for all of us, and it all started in my newly made prayer garden from the COVID season of darkness and death. It was in the prayer garden that I found peace and solitude, and began to make space for God. It was a new thing that God was doing in my life as a spiritual leader, just like it all started in a garden thousands of years ago. God is doing a new thing again for all of us. All we need to do is create space for Him.

III. Professional

My call from God is being a follower of Jesus in everything that I am, everything that I do as pastor and chaplain to those who are at their end of life. On my own, I would not be able to be present with people on their deathbeds. I can only do my ministry through the Holy Spirit's presence of equipping, guiding, and leading me to do what I do. My call is to be with people at their end of life, guiding them through to the end, all while being on holy ground with God's presence of eternal hope in the midst. I love what I do. It can also be overwhelming and emotionally draining. I spent more time with dying people than with those who were alive, and I realized I had to become more balanced in my life.

Like I have written about throughout this chapter, my biggest challenge was to learn how to say “no” and start to have boundaries in my work as well as in my private life — they tended to blend into each other. For me, there was no time to play because I spent all my time working. I knew it, and so did my family. My Site Team was aware of the fact that I was overworked and needed to learn to balance out my life. This has been a profound journey in my life as I wrote my dissertation; it was a big challenge, but it was therapeutic to my heart and soul. It was filled with long hours, days, months, and years of writing. As I wrote, I experienced times of frustration, grief, exhaustion, confusion, perseverance, anger, patience, tears, laughter, hope, and peace as I shared my stories. It was the spirit of the living God who was with me every step along the path providing me with the encouragement that I needed the most. I prayed every morning for the Holy Spirit to get me through one more day of writing. My hands and my arms were aching from all the writing, and I learned more about myself, and about my ministry as I wrote. I realized that everything that I have been doing as a pastor and chaplain was something that God had prepared for me to do long before I knew about it, and long before I began to minister to those on their deathbeds. It was not in my own doing; it was the Holy Spirit doing God’s ministry through me. I wished I had known that before.

The challenge for me was that I had believed I had to work and do ministry 24/7 without any time off for self-care and having fun. I am a people person, and I did not want to disappoint people who requested my presence. I had a difficult time saying “no” to people, and “no” to more work. I was overwhelmed, overworked, and exhausted from the demands of my work. It came to a halt as I realized I had to choose me and my well-being over work. I had to learn how to set my boundaries and start taking care of myself

so that I could continue to do ministry as God had called me. I had not been called to do everything and to be everything to everyone.

I am a professional in my field, and I am good at using my listening skills and communicating well with others. I am overly dependable and deal constructively with conflict. I am authentic in my communication with others, and I am respectful and inclusive of my co-workers as I enjoy being a team player. Being that I am an immigrant, I feel at home with and work well with people from other cultures. I enjoy learning new things, as I am a lifelong learner. I am also welcoming and inclusive of others, and I role model these competencies well to my co-workers and others.

I modified the strategies that I had previously made from my proposal. I continued to schedule daily space for God time where I spent time in prayers, meditated, journaled, and read the Bible. I added the traditional monastic practice of Lectio Divina, divine reading that I had learned from a Franciscan monk named Charlie whom I became friends with when I went to a Franciscan monastery for a self-guided retreat. Father Charlie told me that the first step in Lectio Divina is to read the Scripture and think about what the text says. The second step is to think about what the text says to me personally. The third step is to do focused prayer, listening to what God is saying to me. The fourth step is to be still and rest in God's presence. The fifth and last step is an action: What is God's will for me? Adding on Lectio Divina to my daily space for God has been of great value to me and made me more attentive to God.

As part of writing this dissertation, I decided to go away for a week to a mountainside retreat in Malibu to get started with the dissertation work. There I met with Father Charlie, the Franciscan monk, for spiritual direction. He was very affirming and

listened to my spiritual journey as we listened to God's voice guiding me forward. He shared with me a story of how he had been a student of the late Henri Nouwen earlier in his life. Henri Nouwen had acknowledged how often priests and pastors overwork and become burned out in their vocation. He had shared a story with an image of a hamster wheel, where the hamsters run around the wheel 24/7. He said they missed the whole point that in the middle of the hamster wheel was an opening that would lead them out to freedom — it was an open door. Yet they missed it. They did not look to the opening in the center of the wheel that would have led them to the freedom outside. Father Charlie said that Nouwen had taught that clergy tend to miss spending time with God as they instead spend their time working 24/7 as if on a hamster wheel, and they burn out. We cannot continue doing that, as we must spend time in God's presence, and being present to ourselves by practicing self-care and soul care. That is what leads to freedom. Father Charlie and I became good friends, and he was very affirming in my dissertation about "The Best Is Yet to Come" workshops and sermon series. He told me that once I have completed my dissertation, I must go to visit Assisi in Italy, where St. Francis lived till he died. And I have decided that I will go there soon to visit. He gave me a beautiful poem about St. Francis' view on death and dying. I do not have it in a book; Father Charlie printed this poem after he read it to me. According to Father Charlie, Francis had no fear of his own death and was at peace when he died. I believe that everything belongs in God's universe, even Sister Death whom no one can escape. The poem was a reflection on my dissertation about dying with hope, the best is yet to come. And it certainly removed the taboo from the topic of death and dying:

Most High, all-powerful, all-good Lord, All praise is Yours, all glory, all honour and all blessings. To you alone, Most High, do they belong, and no mortal lips are worthy to pronounce Your Name.

Praised be You my Lord with all Your creatures, especially Sir Brother Sun, Who is the day through whom You give us light. And he is beautiful and radiant with great splendor, Of You Most High, he bears the likeness.

Praised be You, my Lord, through Sister Moon and the stars, In the heavens you have made them bright, precious and fair.

Praised be You, my Lord, through Brothers Wind and Air, And fair and stormy, all weather's moods, by which You cherish all that You have made.

Praised be You my Lord through Sister Water, So useful, humble, precious and pure.

Praised be You my Lord through Brother Fire,
through whom You light the night and he is beautiful and playful and robust and strong.

Praised be You my Lord through our Sister, Mother Earth who sustains and governs us,
producing varied fruits with coloured flowers and herbs. Praise be You my Lord through those who grant pardon for love of You and bear sickness and trial.

Blessed are those who endure in peace, By You Most High, they will be crowned.

Praised be You, my Lord through Sister Death,
from whom no-one living can escape. Woe to those who die in mortal sin! Blessed are they She finds doing Your Will. No second death can do them harm.

Praise and bless my Lord and give Him thanks And serve Him with great humility.[76]

I evaluated my progress by keeping a calendar for three months, and I was able to determine that God was doing a new thing, again. I had changed and became more

[76] St. Francis of Assisi, "Canticle of Brother Sun and Sister Moon," https://www.catholic.org/prayers/prayer.php?p=183 (accessed Oct. 14, 2023).

balanced in my daily activities as I included daily time to create space for God. I included and stretched my former prayer practice into adding on daily Lectio Divina as Father Charlie had taught me. I journaled, read the Bible, read devotionals, and learned to slow down my fast pace. I took daily walks with my rescue dog Grace, and my husband George. I took time to read about boundaries and then learned how to say "no," which was like using a muscle that I had not used before. The more often I said "no," the more I got used to saying it. It gave me freedom and joy. I finally had made time for self-care and created space for God. I also began a new journey and took a sabbatical from ministry, which was healing to my heart and soul. My mind has stretched as I have begun to collaborate with clergy for doing spiritual retreats for the well-being of the soul. When I started seminary several decades ago, a professor gave me a printed copy of a text from Henri Nouwen, and I have kept it although it is now fragmented, but it is still on my desk in my office. It says, "The Christian leader of the future is called to be completely irrelevant and to stand in this world with nothing to offer but his, or her own vulnerable self. That is the way Jesus came to reveal God's love."[77] That is what keeps me going in ministry, to just be myself, because God has called me to be who I am. I am not perfect, and God never asked me or even called me to become perfect. But I can be my own authentic self as I serve God and continue to follow what he has called me to do: to feed God's people and to care for the people who are on their deathbeds so that they can be at peace knowing that they are transitioning into the next. That is where God's love is; it is flowing like a river through me. I am on holy ground right here, right now. There is so much freedom in that. I can do all things through Christ.

[77] Nouwen, *Name of Jesus,* 30.

I am grateful for my Site Team, which consists of four members of my congregation. At first, the team was made up of two women and two men: Kelley Baker, Becky Szeyller, Greg Heath, and Scott Troester. However, after the second meeting, one of the members, Scott Troester, asked if we could have a private meeting in my office, as he had something he wanted to talk about. My intuition told me that he was very uncomfortable with the topic of death and dying. We had met as a whole team, and when I spoke about how my proposal and dissertation was about the topic of death and dying, to remove the taboo from talking about death and dying, Scott's face had turned pale.

Before I had invited him to be part of my Site Team, I had shared about my proposal and dissertation, so he was aware of what the topic was going to be. For some reason, he did not realize all the challenges he had with this topic. He shared with me that he was very fearful of dying. I told him he was welcome to stay on as part of the Site Team, but he was not able to do so. Instead, I invited another church member, Susie Hess, and she has been a perfect fit for my Site Team.

My team had the common goal for the community to be well informed and educated about being at peace with dying. They have been encouraging and supportive of my educational path with this program. The team thoroughly discussed the competencies, and each member documented their feedback, which I included as part of Chapter 5 in the proposal. They worked diligently to document the questionnaires and attended all of my workshops and sermon series. God has been faithful and guided them through with the task of being Site Team members.

APPENDICES

APPENDIX A
DYING WITH HOPE: THE BEST IS YET TO COME

By

ANETTE RIHOVSKY

A DEMONSTRATION PROJECT PROPOSAL

New York Theological Seminary

2022

CHALLENGE STATEMENT

I am a pastor in a congregation and chaplain specialized in palliative/hospice at a 350-bed hospital. Death can be a beautiful thing as it is an organic natural transition into the next life. This project will document life changing lessons of being at peace with death and dying well and produce educational curriculum and sermons with the intention of changing the current American culture's denial of death.

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CHAPTER 1
INTRODUCTION TO THE SETTING

Growing up in the countryside of Sweden, I was a young child when I was present at the bedside when my great grandmother died. She peacefully died in her own bed at my grandparents' house where she had lived for many years. During my childhood, I spent a lot of time at my grandparents' house, and I had a close relationship with my grandparents as well with my great grandmother. She taught me how to drink coffee with a sugar cube, and she was always ready to play dress up with my dolls or read books to me. She would put on the most spectacular tea parties with miniature china cups for me and my dolls, and we were all dressed up for it too. She had a calm and fun influence on my life. It was very peaceful to be at their house located in the Swedish countryside, and being surrounded by their animals that included their dog, a couple of cats, geese, chickens and a horse. My grandparents never went to church or spoke of any religious belief system, but they role modeled to me about the unconditional love of God. It was as if they believed in the God who is always present, even when that is outside the walls of a church building. Later in my life I came to realize that my grandmother was like a spiritual director, and my grandfather was like an animal whisperer. I am deeply grateful that the early part of my childhood was very much shaped by them. I came to crave that feeling of wanting calm and peace for my life, no matter what was taking place around me.

As my great grandmother took her last breath and died, no one suggested or felt any need to contact clergy for any end-of-life rituals, the family provided the rituals that were needed the most. My grandparents carefully cleaned her, dressed her in a beautiful dress, she was surrounded by a hand- made quilt in her favorite color purple. I had the privilege to carefully comb her hair. It was a natural and an organic kind of task to do. Mostly it was displaying our deep love for her, and the gratitude for everything she had taught me during our time we had spent together.

Family and friends arrived at the house to say their farewells to great grandma and give their condolences to our family. My grandmother served everyone hot coffee and warm cinnamon rolls in the kitchen right next to great grandma's bedroom. I ate my freshly baked cinnamon roll sitting on a chair next to great grandma, I remember how peaceful it was to just be present. Even as a young child, I remember having this sense of being on holy ground as it was so peaceful, more peaceful than I had ever experienced before. It gave me a hope from something that seemed to be much bigger than myself. Being present at the bedside of my great grandmother's death seemed so natural, and peaceful, like a privilege of some sort. My grandparents and other family members role-modeled to me how death is an organic and natural event, and how dying is part of living life. Death can be a beautiful thing and it is an organic natural transition into the next life.

These past years of 2020-2022 have brought the topic of death to the forefront of the entire world. With the world pandemic of Covid-19, around six million people have died worldwide from this terrible virus. The time is now here to reenter society with a new normal, a new existential living that gives a deeper meaning on life. A life where we

can live out our lives authentically and peacefully with ourselves and with others. Where there are healthy conversations about death, without fear or avoidance of the inevitable.

The reality of life is that we are all going to leave this world at some time, we cannot stay here forever, no matter how much we try. From the time we are born, we are one step closer to dying. There can be a sense of freedom and joy in living each day to the fullest once we accept that it will not last forever. To have an awareness that each day is a gift on loan from God, and that we cannot take it for granted. Life can be beautiful when we live it with meaning and purpose, and with an awareness that God is with us here and now. We are created in God's own image, and that means that we are valued as human beings, we are all made equally. The scriptures beautifully inform us, "So, God created humankind in his own image, in the image of God he created them; male and female he created them."[78]

Since we are created in God's image, we are deeply loved and adored by him. We belong to God both in life and in death, and that is not something that can be taken away from us. God's love for us is so strong than there is nothing that can separate us from that love. The Bible beautifully shares this with us, "For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord"[79] It does make a difference for living life to the fullest knowing that we are all made in God's image, being valued and loved by God so much that there is not anything that can destroy that connection between us. We are

[78] Genesis 1:27 NIV (All biblical texts from the NIV unless otherwise noted).

[79] Romans 8:38-39 NIV.

still covered by God's love whether we are alive or dead. Love never dies, it is always existing in present tense.

Death and dying are an organic and natural transitions when they are accepted and embraced. Death can be a beautiful thing; I have learned many life lessons from my dying patients over the course of decades having been present at the bedside of those who took their last breath in this world and in peace went to be with God in eternity. I have come to find that we will die the way we live. If we live our lives being surrounded by family and friends, so too they will be there with us when we die. If we live our lives being isolated and alone, so too we will die alone.

Being a chaplain of both a hospital, and a hospice, as well as a pastor of a church in southern California I have much experience from the almost 6,000 patients who took their last breath on and died peacefully while I was present with them. Ministering to those who are preparing to die is what God has called me to do. It is a natural and organic thing to do. I view it mostly as a blessing from God but can also be a burden to my soul. There is a big need for clergy to be called on to minister to those who are dying, as well as to give support those they leave behind, like family and friends.

To practice self-care is of the essence and I have learned this practice well over the years, although it did not start out that way. It can be emotionally draining to go from the bedside of one dying patient to another without taking time out to balance and practice self-care. Being outside in nature by taking a walk to get some fresh air has been helpful to me. Doing a walking meditation yoga walk as I focus on my breath is also something I regularly do. A part of my chaplaincy training is in counseling, so as I counsel my patients, I too take time out to receive counseling from a professional

therapist on a regular basis. The Clinical Pastoral Education (CPE) is where I learned to do my ministry based on a model of an action, then reflection type so I do much reflection as I minister to those who are preparing to die. I see God's presence of peace and hope in each death. There is meaning and purpose in each person's life, and death.

What has blessed me the most are the stories and lessons that I have had the privilege to listen and learn from the dying patients. God has provided me with a deep desire in my heart to be with my patients to help them die peacefully and with dignity. They taught me so many lessons on how to live life to the fullest while I am still able to do so. Their stories have changed me for the better, with a constant awareness that life here is so temporary and fragile for all of us. I am now sharing these their stories and lessons with others as I believe it will change how people view death and dying. Instead of people trying to avoid the topic of death and making it tabu to talk about. By sharing these real-life stories intertwined with the lessons from their lives, I believe it will remove fear of death, and instead become an eye opener to what is important in life and to embrace and accept death as a natural and organic pathway into the next eternal life.

Their stories filled with wisdom about life have blessed me and made me a better human being as I have implemented them into my own life. The lessons I have learned from hearing their stories were told to me on their death beds. I refer to these lessons as having holy conversations because it provides such a deep sense of having the real spiritual presence of God with us in our midst. Our conversations were filled with lessons from their lives which were overflowing with wisdom, love, and authenticity. Providing pastoral care to people during their final moments of life on this side of heaven, becomes more spiritual and less human. Listening to them, and hearing their stories being spoken

with such honesty about their lives, there is a deep sense of spiritual awakening from within each person. I have come to find that when people are close to dying, they become more aware of the spiritual presence of God being with them, even if they had not been believers before. If they already are believers, their faith in God deepens and they begin to look forward to going to their eternal home in heaven. There is a noticeable change that comes from the depth of their souls, they become peaceful, and often share that they are "tired" and "ready to go to be with God."

I believe that we are spiritual beings with a human experience, so when the time comes to die from this world, there is the time for transitioning into the new life which is with God in eternity. People close to their deaths become aware of this as they go onto the next journey with a deep sense of awareness that there is more to life than what we can see in front of us. They have this awareness that there is a God who loves them and making provisions for them into the next. He is making a new thing for them, by providing a new journey into a next life. This awareness provides much peace and hope for their souls.

Some of my hospital patients had no previous religious faith belief systems set in place prior to coming to the hospital. Some of them had a variety of eclectic belief systems. Some were of the Christian faith. When they were asked about their hopes and wishes for what their existence will be like after their death, they all had remarkably similar answers; "to be with God in Heaven." Quite often once people have been diagnosed with a terminal disease, or some end-of-life threatening illness they have a need to makes some sense of it all. They need to somehow come to terms with the reality that their lives are coming to an end. Similarly, so it is for their families and other loved

ones as well. They all need to have a sense that there is meaning and a purpose from a higher being. “Spirituality is often an issue in a good death, regardless of a person being religious or not.”[80]

I am convinced that since all humanity is created by God, we are created and shaped with this deep need in our souls to be with God, our maker. Some people wait till the very end of life to make this connection. Often there is a shift coming from within people who are dying, they begin to search for meaning and purpose for what is taking place, and that can only originate from a higher being who will guide them through their end of lives and give them peace. My patients have all referred to this higher being as being the God who created this world, including all of humanity. It does not matter what their cultural background are, or what their religious, or no religious belief system is. They still refer to the God of creation for guidance as they are trying to make some sense of having their lives coming to an end. Surely, there must be something more to life than just be born into this world, and then die from everyone and everything they have ever known. There are times when people are suffering from a painful disease that causes them pain to body, mind, and soul, and still, but they refuse to take any pain medications that would help to alleviate their pain. When asked, they respond that they believe their suffering comes from a god who is angry at them. That is not correct, because God is love, and our loving God would never cause suffering to people. Suffering and pain exist in this broken world, but God does not cause it. God is with people even amid their pain and suffering, holding them close. God is the healer and lover of all human souls. No one is excluded from this eternal love.

[80] Charles Meyer, *A Good Death* (Mystic, CT: Twenty-Third Publications, Bayard, 2000), 39.

I was present at the bedside of a middle-aged woman who had been struggling all her life with alcoholism. She had been dropped off at the Emergency Room by someone and arrived as a Jane Doe, which meant that she was not able to be coherent to identify herself until the next morning when she became sober. She was diagnosed with cirrhosis to the liver and was close to death. All available medical treatments were given to her, but to no avail. She told me her story how she had been drinking alcohol since her early teenage years. She had been raised in a family where she had suffered under abuse and dysfunction. She began to numb herself with alcohol. All her life she had been searching for someone to love and accept her as she was, but it was not until she was on her death bed that she got to hear that God loves her. I remained at her bedside until she took her last breath, and before she died, she said how she wished she had known that God loved her early on in her life. I too wish that she would have known that. In the end, she said she was "ready to go and be with God." No matter who people are, or what it is that people struggle with in life, everyone has a deep need to know that God loves them, always have and always will. My calling is to let people know about how much God loves them, no matter what. To help guide to refocus my patients onto the promise of a loving God is the only thing that gives people hope that their lives has mattered while they have lived out their lives, and also that this love of God covers everyone by grace.

When I moved to southern California, I was overwhelmed at first how different things were here to what I had been used to. It was a culture shock for me compared to my Swedish cultural background where it is more acceptable and standard to have conversations about death and dying. In my cultural background it is believed that the concept of having wisdom comes from growing older in age. It is acceptable to speak

about and have conversations about death and dying because it is an acceptable topic of discussion. What is a mystery to me is that my Swedish friends will easily engages in conversations about the topic of death, but it is tabu to engage in conversations about religion, especially about faith in God, and Jesus the ultimate healing physician for all people.

My birth country Sweden is a secular country where the majority of the people identify themselves as that of being Atheists. As I was growing up there, I never came to know anyone who believed in God, or who went to church. The school systems taught us about all world religions, and we were taught from an early age by our teachers that, "faith in God is only for weak people." Often, we were told that, "religion is not for you, you don't need it." The system that I grew up in was that the church was owned by the government, it was a state-owned Lutheran church. The beautiful big cathedral church in my hometown stood with empty pews on Sunday mornings. The only time people came into the church was during the summer months when the tourists arrived to visit my hometown and see the majestic cathedral style church building as it was surrounded by an old graveyard outside. It was a serene setting.

I was a teenager during that time when I felt called to get confirmed in my hometown church. As an infant I had been baptized into that same church. Baptism was the only pathway to receive a name per the legal system at that time. Baptism was not meant to be a religious event; it was solely meant for following tradition only. Once a person was baptized, by default one became member of the state-owned Lutheran church, and ten percent of the person's income would be taken in taxes for the state church. That was not a choice, it was part of the system.

I went against the advice of my parents, schoolteachers, and my friends when I decided to take confirmation classes in the state-owned church. The classes were given weekly during the one-year commitment. It was during that time I came to believe in God. I came to love reading the scriptures and attended the church on a regular basis. Each confirmand was given an attendance booklet that had to receive a stamped by the pastor after each attendance as proof of our attendance. When my attendance booklet was completed, I asked the pastor for a new booklet. His response to me rings through my mind still to this day, it is as it has been frozen in time. His words to me was "No Anette, you will not be given another attendance book," "This is not for people like you, this religion is for weak people only." It felt as if my response to him came from the depth within my soul when I said, "I have come to believe that God's son Jesus is real, and that the Bible is God's Word, its real, its more than just a book." The pastor raised his voice and looked at me sternly as he said; "You are wrong young lady, this is just a history book, nothing more." "You did not come here to start believing in a god, you don't need this." He went on, "You will not be allowed to return to church any longer," "You are done here." "This book is not for people like you." "There is nothing to believe, and you need to leave now." So, I did leave the church out of fear and shame for what had taken place. I felt shunned by the church. However, I know that God redeemed it, as I felt called into ministry.

The pastor of the church was also the confirmation pastor, so I had no place to go to complain or request for a new pastor because they were all of the same mindsets. I was born into a system of having no personal freedom to believe in God. I had to accept it and kept it a secret that I had been kicked out of the church because I admitted to

believing in God. It gave me fear and feelings of hopelessness, and I became depressed from it. I dared not return to church for an exceedingly long time. In private I began to quietly pray to God on my own by being in peaceful settings like going to the woods, and sitting on a tree stump to pray, talk to God and listen. The pastor had ripped the Bible out of my hands, so I did not get another one until later in my life.

Somehow, it worked out anyway, because God's spirit was always present, and I never felt alone when I was doing my own personal worshipping in the woods with prayers, singing and listening to God's voice. It was during that season in my life I became aware of the real spiritual presence of God with me and noticed that God is everywhere. It does not matter if it is inside of a church building, or outside in the setting of a forest in the northern part of Sweden, or in a hospital room filled with people of having no prior knowledge of God. It is by God's grace, God is there. God is the ultimate physician who heals our brokenness, even as I was trapped by the system of the Swedish church, God was, and is still with me.

My longing for freedom from the Swedish political system eventually led me to the United States. I noticed how many churches were around the area of Princeton Jct, NJ where we first lived. I also noticed that every Sunday morning my neighbors went to church. Due to my background of having been mistreated and shunned by the Swedish confirmation pastor, I was still fearful of going back to a church. I had vivid memories from the incident that took place with the Swedish confirmation pastor who had told me to leave the church because "faith in God was only for weak people." Yet, I observed that my American neighbors were not weak people at all, they were quite the contrary. One day I stopped by a Lutheran church and knocked on the door. A woman opened the door

and introduced herself as the associate pastor of the church. She was friendly and very welcoming of me. With bad memories that were still ingrained within my heart I asked if I would be allowed to come back inside the church. Her warm welcoming of me came to be the first step for me back to the church that I had to leave while doing my confirmation classes so many years ago.

After my graduation from seminary with a Master of Divinity, I continued my studies and training in clinical chaplaincy, palliative, and hospice care, and became a board-certified clinical chaplain. My specialized training was in emergency and critical care in the intensive care unit. My ministry of peace and hope is for all people, no one is excluded, and it does not matter if people have a belief system or not. Everyone deserves to know that God loves them, especially during times preparing for death and dying. Everyone has a purpose in life, and I know that my purpose is to be a peaceful presence at the bedside of a dying patient. Although the patients and their families expressed their gratitude, I am the one who feel blessed for them allowing me to be present with them during this special time. When someone transitions into eternity, it becomes like holy ground. Death bed conversations become deeply spiritual and authentic. Wisdom flows from them, and it has changed me to be a better human being. Their stories about life, death and dying are like sacred stories.

There can also be some humor from their stories. An elderly woman was brought into the Emergency Room as she had been found unresponsive at her home. She was put on life support and transferred to the ICU. The following day I heard a loud female voice echoing through the hospital corridors. The voice yelled, “This does not look like heaven to me. Where the hell am I?” I ran towards the loud yelling, “Help me, please someone

help me!" It was a very unusual occurrence to hear a patient yell for help in the hospital. I was able to locate the room where the loud voice originated from. To my surprise, I found no one in any distress. I saw an elderly well cared for woman sitting up in the hospital bed holding in her hand the breathing tube that had kept her alive for the past 24 hours while she was on a ventilator. Apparently, she had managed to extubate herself which was usually a procedure done by a physician. The woman looked perfectly fine to me. She was alert, awake, and had a look of determination on her face. She made it noticeably clear that she was unhappy being alive and well.

She asked everyone to leave her room, except me. She pointed to me with her long well-manicured finger, and said "Chaplain, you stay here!" It sounded like an order that could not be refused. I pulled up a chair from the corner of the room and seated myself next to her bedside. The sun was shining into the room and her face was half covered in the bright sun rays, the other half was in the shadow. She was indeed angry. She asked me, "Will you help me please?" her voice became stronger, "Will you please help to kill me?" and then she said, "Get me a knife or something sharp that can kill me now." Having worked for decades as the ICU chaplain, this was the first request from a patient who asked to be killed after having been resuscitated. In a calm voice I replied to her, "No, I am not in the business of killing people."

She looked down and put her head in her hands. "I am so disappointed I am still here alive" "Who the hell is responsible for getting me to the hospital?" and then she said, "Do you know who did this to me?" She narrowed her eyes as if to see if I knew the answer. I did not have an answer for her because I had no idea who had found her lifeless and called 911. Whoever that person was had done exactly what we have been taught to

do when we find a lifeless person, we do CPR and call for help. I would have done the same thing.

However, in this case this elderly woman did not want to be brought back to life. She told me her story that she felt she had lived a long and good life, and she was content with going into eternal peace to be with God. The previous day she had been at her home where she had spent the day with friends. She went on to say, “Then after dinner when I got tired, I went to bed, like I always do. During my sleep suddenly, I felt this peace and serene feeling around me. I felt surrounded by a peace I had never felt before. Then, I saw see the face of Jesus holding out his hand to me.” She got teary eyed as she continued, “I took his hand and must have been in heaven because it made me so happy to be there. I saw this light and all I could feel was peace. I was happy to be there. I wanted to stay there.”

Her story of dying was the same description I had heard so many times before. The bright light, the peace, the warmth, and seeing the face of Jesus. No one ever wanted to come back to this life after having that experience. However, for various reason they came back to this life, and then the unhappiness set in. She was so disappointed to be in a hospital, and not in eternity where she had momentarily been. She looked at me with big eyes of pleading for answer to her question of, “Who put me on life support and why would you do that to me?” She wanted to know who was responsible for bringing her back to life, and it was not to thank them for doing CPR and saving her life.

She shared her life story with me and how she had always hoped that when it was her time, that she would die in her sleep. She said, “Being in a hospital is like a nightmare

for me. I am done with life; it is my time to go." After listening to her story, I asked her, "There must be something in your life that is unfinished, what would that be?"

"The only thing that I will not do is to forgive my sister for what she did to me" she then said that when thinking about it, she was not able to remember the reason for not forgiving her sister because it had been over forty, fifty years ago. However, the time had now come for her to forgive her sister, and with some assistance from social services her sister was located. It was something that needed to be done before her time was up. It was a perfect time for her to speak with her sister for the first time in so many years. So, they were reunited while speaking on the phone and there were tears, laughter, and forgiveness between the two sisters. It felt like being on holy ground as if God had kept her alive for a little bit longer so she would have a moment of forgiveness and closure after so many years apart. Neither one of the sisters were able to remember what led to their separation of almost forty years.

Later, that same evening, she said she felt so much better after forgiving her sister. She said, "I wish that I would have forgiven her forty years ago. It was silly to hang on to a grudge that I cannot even remember what it was all about. If I could re-do my life, that is what I would do, just forgive people." We had some conversation, and I prayed for her before I left her bedside. "That prayer better work," she said with a smile as I waved goodbye to her for the evening.

Having worked for years with people near their end of life I know that my patients can die at any time so I always say goodbye to them as if it would be our last goodbye. I said to her, "Goodbye my friend, until next time, I'll see you again, either here tomorrow or in heaven one day." She waved goodbye and said, "Trust me it better not be

here, I'll see you in heaven one day." She was correct about that because she died at 2 am the next morning. I was grateful that she went in peace, she was more than ready to die.

This summarizes my story on having been born into a system where there was no personal freedom of choice to fall in love with God and believe that God is for all people. Instead, I was ridiculed and shunned by the pastor during my confirmation. However, God is bigger than any human systems and there was nothing that could stop me from becoming a Christian. Later in life God called me to be an ordained pastor and chaplain, and in my current ministry I tell all people that God loves them, and it does not matter if they are believers or not. God loves all people, and that makes a big difference for people to have the awareness that they are loved and accepted by God.

Although the culture was against Christianity with faith in God, it was very accepting the topic of death and dying. It was viewed as an organic and natural event that we all have going to have to go through. They did not believe there is any afterlife, and no transition to an afterlife. Sadly, those who are preparing to die face their deaths without any hope. Which is so different from my current ministry where I provide pastoral care to those who are preparing to die, give them the true hope of God, and his promise of being in eternity. Christ is the ultimate Physician and the one who sets us free from this broken world and brings us to eternity.

From my cultural upbringing comes the view and acceptance on death and dying as an organic and natural event. Death can be a beautiful thing when it is viewed as a natural process of life. My deep desire is to help and change the current culture in America where the topic of death and dying is tabu, an avoided at all costs. It is an impossible thing to avoid, no one can live here forever. When the topic of death is tabu to

talk about, people become fearful, and it becomes a mystery that people want to avoid. I believe that when the stories and lessons I have learned from people on their death beds, it will bring hope, peace and acceptance that death and dying is an organic and natural part of life. It will give people hope that there is more to come, the best is yet to come.

CHAPTER 2

PRELIMINARY ANALYSIS OF THE CHALLENGE

I am a pastor in a congregation and chaplain specialized in palliative/hospice at a 350-bed hospital. Death can be a beautiful thing as it is an organic natural transition into the next life. This project will document life changing lessons of being at peace with death and dying well and produce educational curriculum and sermons with the intention of changing the current American culture's denial of death.

I am writing this as we are currently entering into the third year of the COVID-19 pandemic. So far almost seven million people have died throughout the world from the novel corona virus. News organizations and other media outlets are running their programs 24/7 showing the latest updates of the deaths from COVID-19. People fear contracting getting the deadly disease and they hear about death on a regular basis. People know people who have died from the disease, everyone has been affected. We can no longer deny that death exists. It has become a new normal.

American culture's denial of death can no longer be sustained as this current pandemic has moved this topic to the forefront of our daily lives. We have all been reminded of our own mortality by this pandemic and the topic of dying can no longer be avoided. Lately, I have been wondering if the world's current turmoil that has been rapidly escalating is a side effect of COVID-19's constant reminder of death knocking on our door? The time is here to begin having conversations about the inevitable so that there can be a good death for those that are at the end of their lives, and for those that are left behind to have a healthy grief journey ahead of them.

My ministry's primary focus is with those preparing to die and that can at times be a lonely job. Once people outside the church find out what I do for a living, they rarely engage in any conversation with me when at non- church events. People tend to avoid conversations about death. Lawrence R. Samuel, Ph.D. confirms this; "Death and dying became almost unmentionable words over the course of the last century, topics not to be brought up in polite conversation. The notion of one day disappearing is contrary to many of our defining cultural values, with death and dying viewed as profoundly "un-American" experiences. The rise of the self has made it increasingly difficult to acknowledge the fact that our individual selves will no longer exist. We need to come to terms with mortality if we are to avert a major social crisis over the next couple of decades."[81]

As chaplain and pastor, my ministry is not only helping terminally ill individuals die with peace, but also helping their loved ones better cope with their loss so that they can grieve appropriately. I am often the last person they have conversation with before they transition into eternity to be with God. It feels like being on sacred grounds being with individual as they take their last breath on this side of heaven. It is a privilege to be present with people when they die as the surroundings become like that of a holy space with the peace of a divine origin. People often die the way they have lived their lives; they have gained much wisdom and have lessons about life that we can all learn from. It becomes their final gift to those they leave behind.

[81] Lawrence R. Samuel, "Death American Style," *Psychology Today*, 2013.

Henri Nouwen writes in his book, *Life of the Beloved*, that yes, there is such a thing as a good death.[82] We are responsible for the way we die. Nouwen describes that there is more than one way to view dying, there are two different viewpoints. Dying becomes a problem if we refuse to let go of life, and instead cling on to it. Then death becomes like a failure to us. What I have heard from my patients echoes Nouwen's viewpoint. When people have come to terms with their own mortality, they tend to have a better end of life, and dying becomes part of their lives. It is an ending to a life lived well. They have embraced and accepted that their lives will eventually have an ending, at least on this side of heaven. When we use up much of our energy and time on going against nature by trying to avoid the inevitable, it becomes a losing battle. As we cannot live life forever as we have come to know it here, we are better served by accepting the fact that there is a time to die. A well-known Bible text found in the Old Testament is from the Book of Ecclesiastes, it depicts the seasons of life in a beautiful way. Individuals at their end of life often request this text to be read out loud for them, in preparation for their death. They say that this text gives them much comfort.

"There is a time for everything,
and a season for every activity under the heavens:
a time to be born and a time to die,
a time to plant and a time to uproot,
a time to kill and a time to heal,
a time to tear down and a time to build,
a time to weep and a time to laugh,
a time to mourn and a time to dance,
a time to scatter stones and a time to gather them,
a time to embrace and a time to refrain from embracing,
a time to search and a time to give up,
a time to keep and a time to throw away,
a time to tear and a time to mend,
a time to be silent and a time to speak,

[82] Henri J.M. Nouwen, *Life of the Beloved* (New York: Crossroads Publishing Company, 1992), 118.

a time to love and a time to hate,
a time for war and a time for peace". [83]

We cannot avoid a time for death, it will take place for all people. Most people tend to avoid engaging in conversations about the topic of death as it brings up feelings of their own mortality. The current culture of being silent regarding one of the most significant events in our lives-dying-leaves people being fearful and uncertain about it. It leaves us with an unhealthy outlook and make us confused towards our end of lives. It is my strong conviction that this mindset needs to change. Clergy, social workers, physicians, and nurses need to begin to have the conversation about the end-of-life care with all terminally ill patients. Those who are at their end of their lives are being denied the opportunity of having a peaceful experience as they die, and their families are denied the gift of having an end-of-life conversations where they can be at peace and have a hopeful and meaningful experience.

The current culture's avoidance of conversing about this topic leaves people feeling confused and fearful about the unknown. I have encountered patients who at their end of life are stressed and anxious, and that tends to be a similar pattern for their families and loved ones as well. Sadly, they live with fear of the unknown and that makes them feel anxious, angry, and resentful. That leads to their families having to have more complicated grief after their loved one dies. I have also come to find that it is not only the patients and their families that avoids conversations about the end of life, but also physicians and other medical staff avoid the topic of death and dying. They tend to defer any death conversations to the medical facility's staff chaplain. End of life patients

[83] Ecclesiastes 3:1-8 NIV.

deserve to have a good death and be at peace about they face their end of life. That will also help their families cope better with grief. There have been many studies about end-of-life patients what helps them have a good death, and what are some obstacles they are concerned over. The following list shows what they mostly concerned about:

13) Suffering from pain (pain management).

14) Decisions making.

15) Being a burden to others.

16) Prolonging the dying process.

17) Strengthening relationships with loved ones.

18) Losing control of self.

19) Preparation for death.

20) Coming to terms with their end of life.

21) Peace with God.

22) Forgiveness of self and others.

23) After care completed.

24) Contributing, leaving a legacy.[84]

These concerns often come up during my conversations with the patients. If these concerns are not addressed, the patients tend to internalize them, and that creates less peace. I have found that it is often a good beginning to engage in addressing these concerns when the patients get introduced to an Advance Directive, or POLST-Physicians Orders for Life Sustaining Treatment. These documents are for the planning of an eventual future event when a patient makes their end of life wishes known ahead of time,

[84] Terry Barnett, *A Good Death: What Does That Look Like in a Culture That Is Death-Phobic?* (DMin project proposal, New York Theological Seminary, 2018), 10.

and then letting others know—their families, and involved health care providers—about what their wishes are. It is a legal document that only goes into effect if the individual is unable to speak for themselves. It helps others to know what type of medical care they prefer towards their end of life. It allows them to express what their values and wishes are related to their end of life. It helps the terminally ill patient to feel less anxious and fearful, and instead be at peace with their end-of-life journey. Family members do not have to worry about what to do, except follow the wishes of the patient. It also begins a healthy conversation about dying.

Elizabeth Kubler-Ross wrote that as far as we know, we are the only species aware of the inevitability of our own death. We know that we eventually will die, and that creates anxiety within us. We see this from early childhood when we realize that at some point, we will die, and not only will we die but those around us will die someday too. That is the beginning of anticipatory grief; the fear of the unknown, the pain that we will someday experience.[85] We live most of our lives with anticipatory grief knowing that eventually there will be a time to die for not only a few, but for ourselves, and for all our loved ones as well. Yet, we do not talk with each other about it, even though we all have this inner awareness that it will take place one day.

Many of my end-of-life patients have an awareness of the time of their death coming closer, and this knowledge can give them an inner sense of peace, if they have accepted it. I have found that dying people's awareness of the spiritual side of life becomes very evident as they begin to have visions and even conversations with loved ones who have died before them. These encounters are very peaceful and brings calm and

[85] Elizabeth Kubler-Ross, *On Grief and Grieving* (New York: Scribner, 2005), 1.

serenity to not only the dying person, but also to their loved ones who then finds comfort in knowing there is another life waiting for them. There is love, peace and hope waiting for them as they leave from this life to the next. There is life after life.

The individuals begin to prepare for their after life and they have conversations about their faith in God with a belief that they will encounter their loved ones whom have gone before them to heaven. I have been at the bedside of dying patients when they begin to have conversations with others that have died years ago. One of my patients even introduced me to his dead parents whom he said were standing next to me in the hospital room. The patient carried on a conversation with his dead parents in the same manner that he carried on the conversation with me. It was a very peaceful conversation and although I was not able to see the patient's parents, their spiritual presence was peaceful and it provided much calm to the dying patient.

I have found great comfort in the words from French Philosopher, Pierre Teilhard de Chardin, "We are not human beings having a spiritual experience. We are spiritual beings having a human experience." [86] Deeply down in our souls, we know that we are made for something more than living on this earth for a short amount of time and then just die into a nothingness. There is more waiting for us after this life.

Maggie Callanan and Patricia Kelley, in their book *Final Gifts*, describes that dying people may see and speak with religious figures, and they may feel warm, peaceful, and loved by seeing a bright light or another place. Some people come to a good understanding of the meaning of life, and as they come to realize that they are dying they do not feel fearful. If they have any concerns, it is for the people they leave behind.

[86] Pierre Teilhard de Chardin.

[87] Often dying patients begin to have conversations out loud with loved ones who have already died years ago. It is as if they look forward to seeing their loved ones again in their next life.

I have had the privilege of hearing numerous accounts from people who have had near death experiences. Their stories are remarkably similar to one another, even though they have never met. The common denominator they had is that they have had an experience during a time in their lives when they died and then they were resuscitated. People are many times hesitant to share their stories of a near death experience due to being fearful they will be labeled as unstable or crazy. The reality is that people do have near death experiences in life, and when they tell their stories and describe those encounters to me, they all have remarkably similar encounters with the afterlife and it provides them with peace about dying. Dr. Raymond A. Moody writes, "for what we learn about death makes a big difference in how we live our lives. We cannot fully understand this life until we catch a glimpse of what lies beyond it."[88]

A story about a near death experience can be helpful as someone is preparing to die. It was helpful to an elderly man whose wife was coming close to her end of life. The man was unusually calm and peaceful as he had been told by the medical team that his wife was at her end of life. He told me that during his younger years he had been a bank robber. It was during one of his robberies late one night that he was caught and was shot for dead by a security guard.

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[87] Maggie Callanan and Patricia Kelley, *Final Gifts* (New York: Simon & Schuster, Inc., 1992), 15.

[88] Raymond A. Moody Jr., M.D., *Life After Life* (New York: Harper Collins Publishers, 2015), 74.

He said, “I died and went to heaven.” He told the story about having seen a bright light and walking through a tunnel. He was embraced by an amazing peace and love that he had never experienced before in his life. He said, “I saw the face of Jesus and I felt loved and at peace.” The man had not been a Christian until that moment took place when he encountered seeing Jesus, it changed his life, he said.

That near death experience that the man had gone through earlier in his life was now helpful to him as he was faced with his wife being imminent, “I know where she will be, and I will see her again when it is my turn to go.” “God will take good care of her” he said. This man took comfort and was at peace by having had a near death experience. The man’s story was filled with hope, love and overflowing with of God’s loving promise. The Bible provides much comfort for people that there is more to life than what can be seen here in front of us.

13 Brothers and sisters, we do not want you to be uninformed about those who
sleep in death, so that you do not grieve like the rest of mankind, who have no
hope. **14** For we believe that Jesus died and rose again, and so we believe that God will
bring with Jesus those who have fallen asleep in him. **15** According to the Lord’s word, we
tell you that we who are still alive, who are left until the coming of the Lord, will
certainly not precede those who have fallen asleep. **16** For the Lord himself will come
down from heaven, with a loud command, with the voice of the archangel and with the
trumpet call of God, and the dead in Christ will rise first. **17** After that, we who are still
alive and are left will be caught up together with them in the clouds to meet the Lord in
the air. And so we will be with the Lord forever. **18** Therefore encourage one another with
these words.[89]

I believe that by sharing the stories about death and dying from those who have had near death experiences will bring peace and calm to others who are still living in fear of dying. For example, the story about the man who had a near death experience felt peaceful about his wife’s dying because he felt reassured about her destiny. He felt

[89] The Holy Bible (NIV) 1 Thessalonians 4:13-18.

reassured that she would be at peace and that he would one day be reunited with her again. That firsthand experience brought him hope and was able to grieve well after the death of his wife. By being able to be at peace about his wife's death, he became a peaceful presence to his wife as she died.

It is a privilege to be present with an individual as they transition into the next. There is a time of sacredness, no matter what their belief system is. Some people have a strong faith in God; and some have no faith belief system set in place. It is not about what the dying person believes about God, it is about being present with them when they die so they do not die alone. Unless of course, that is what they prefer.

My ministry reminds me of an ancient French proverb that states; "To heal sometimes, to remedy often, to comfort always." I provide spiritual care and emotional support, regardless of a patient's faith belief system, religious identification, or no religious affiliation. Spirituality is the aspect of humanity that refers to the way people seek and express meaning and purpose and the way they experience connectedness to this moment, to self, to others, to nature, and to the significant or sacred.[90] To provide spiritual care is to be the bearer of comfort to the soul as it creates a sacred space for God's healing presence.

The patients who are close to their end of life often take comfort through familiar religious artifacts from their own personal faith tradition if they have one. Those artifacts can be tangible items with symbolic importance that reflect their culture's values and norms, such as holy texts, rosaries, a cross, or a crucifix with Jesus on it. There could also be taped recordings of chanting, ceramic angels, holy water, and statues of saints. Not

[90] Puchalski, et al., *Journal of Palliative Medicine*, 2009.

only does it bring some comfort to the patients, it also gives comfort to their loved ones. After the patient's death, their loved ones hold onto those religious artifacts for memorabilia.

The primary request that I receive from patients and their loved ones are that of being prayed for. Prayers brings peace and hope to people, even physicians and hospital staff have this request of being prayed for, especially prior to an individual's death. I agree with Henri Nouwen as he writes, "The real work of prayer is to become silent and listen to the voice that says good things about me" [91] I believe that prayers are the words of love from our loving God, which brings love to all human souls. The effects after having been prayed for is that of a deep sense of wellbeing that all is well with our soul. That brings peace to those who are preparing to die.

When an individual is at their end of life and have a sense of peace they often verbalize, "I am tired, it is time to let me go." They do not see death as an enemy, but view it as the freedom to let go and be set free from suffering and pain. Once a person makes an inner decision to let go, and surrender their lives into a God's peace, there is a visible shift that makes them look forward to being set free from this life. Their journey continues to a new place where there is no suffering or pain. There is a place where death no longer exist, where new life begins with the freedom from temporary life. [92]

Yet, as a society people tend to avoid having conversations about the inevitable as if that will make it less real. When the topic of death is taboo to talk about, death becomes something mysterious that needs to be avoided and that makes people fearful.

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[91] Nouwen, *Life of the Beloved*, 76.

[92] The Bible, Revelation 21:4, Zondervan, 2020.

The reality is that people feel relief after they have conversations about death, as well as making plans for the inevitable with making advance care planning. Yes, there are things in life that people can have difficulty discussing with each other. However, the topic of a person's end of life is something that most people avoid completely.

It makes people anxious to talk about their end of life. The finality and uncertainty that surrounds death can be frightening, even for people of faith. Most people put it out of their minds daily. Attending funerals, seeing headlines about a relevant tragedy, or having a health scare can put a too bright spotlight on death. While the idea of living every day as if it is your last might sound great in a song, a constant awareness of death can leave most people feeling anxious and uncomfortable[93] The current pandemic of COVID-19 has now forced the topic to the forefront, and it can no longer be avoided. The conversation needs to take place, and although most people do not know how to start a conversation about death, there are many reasons they avoid the topic. They have unfinished business that they have not yet done but were planning to do. They have not yet taken an overseas trip they had been dreaming about to take their whole life, or perhaps they had not yet enough money for a down payment of a house they had wanted to buy. Having an end-of-life conversation can bring up things that they had planned to do, but it never happened. Those thoughts can lead to feelings of sadness, loss of hope, and grief over what was not to be. Those feelings need to be validated, yet the conversation about death should not be avoided because of it.

If we could view death as a natural experience by allowing our loved ones to die at home, we would be more accepting of the inevitable. People do not want to die in a

[93] www.Legacy.com, June 20, 2018.

hospital because it is away from their loved ones, it is sterile, cold, and an unfamiliar setting. Dying at home is what most people wish for. Yet, individuals are brought into the hospital when they are close to their end of life. Some individuals have never been in a medical facility until they arrive towards the end. They are being brought into the hospital to die, most of them do not want to die in a hospital. Studies have shown that 80% of Americans would prefer, if possible, to die at home. Only 20% do so, and 60% end up dying in hospitals, and another 20% die in nursing homes. [94]

America is a death denying society and there needs to be a systemic change in our culture. Just because the hospitals have the medical technology to prolong life, that does not necessarily be what the patient wants for their quality of life. From my experience most of the terminally ill individuals who gets admitted into hospital are already in the process of dying, but they end up on life support in their final hours. It does not restore their life, instead, it prolongs the dying process. Society needs to change the system by beginning to have open conversations about dying.

Even clergy of the church avoid the topic of death and dying. Some years ago, a Christian pastor invited me to guest preach at his church. As the preaching event approached, the pastor requested my sermon text and topic, which was emailed to him. The Scripture reading that I had chosen to preach from is one of my favorite texts, 1Thessalonians 4:13-18. My sermon title "*Hope after Death.*"

The pastor called me once he received the sermon text. This southern California pastor was quite upset as he yelled at me; "You cannot preach on such a depressing topic as death at my church." "People will be very upset if you start preaching about death and

[94] Advance Directive brochure.

dying." He went on with "people are happy here; you are going to make them fearful if you preach on this."

We had a long conversation, mostly him telling me how depressing it would make the congregation to hear about hope after death. I disagreed with his opinion and encouraged him to read the Scripture text from 1 Thessalonians, as it is a very hopeful reminder of the beautiful life we receive after death. It is a promise from Jesus. I also had a story as part of my sermon about a patient who had a near death experience, and the peace she received from that experience. The pastor said that he was sure he would receive a lot of complaints from his congregation about my sermon upon his return from vacation.

I went ahead with preaching on the text against the recommendation from the pastor. After the church service was over, the people from the congregation lined up outside the sanctuary door to express their gratitude for my sermon about death and dying. One, by one, the expressed how the sermon had given them peace, as well as hope. It made them feel hopeful and several of the older people said, "That's exactly what I needed to hear today" "Good to hear there is nothing wrong with getting older and eventually dying" "It made me feel normal and valued to be closer to my end of life" "Yesterday I was diagnosed with cancer, but now I am not fearful anymore" "I feel hopeful again."

The pastor called me once he returned from vacation. He said, "I am surprised, but the congregation apparently enjoyed your sermon about death and dying." He might have been surprised, but I was not. Everyone, at some level, are aware of their mortality, but they do not know how to engage in conversations about it. Henri Nouwen writes that

by learning how to die has something to do with living each day in full awareness that we are children of God, whose love is greater than death.[95]

There is a time for everything; we come into this world through birth, and we leave it through dying. That is a guarantee in life that cannot be avoided. One is celebrated, but the other is taboo to talk about. Yet, they are equally unavoidable. Once we embrace death as part of being an organic part of our lives, we can live with more meaning and purpose as we learn from the wisdom from those who are dying. That is the biggest gift we can receive. Death is a journey into the next, where new life begins.

My theological focus is that God loves everyone, and we are all made in the image of God. There is more to living life as we have come to know it here, there is a new life after this life. There are many biblical texts that gives us this this reassurance, the text in the book of John where Jesus speaks with Martha brings great comfort and hope.

> *Jesus said to her, "I am the resurrection and the life. Those who believe in me, even though they die, will live, and everyone who lives and believes in me will never die. Do you believe this? (John 11:25-26*).[96]

I believe that the stories from the terminally ill individuals can give others comfort and peace about the topic of dying. The lessons are life provoking and gives hope and peace for the soul. As longs as this topic is taboo, people will remain fearful and avoid planning for their end of life. The more people can accept the inevitable as being an organic part of life, by having conversations about it, their fear gets replaced with peace.

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[95] Henri Nouwen, *Turn My Mourning into Dancing* (Nashville, TN: Thomas Nelson, 2001), 100.

[96] The Holy Bible NRSV John 11:25-26.

The current pandemic has made it a sense of urgency to change the current culture's taboo about death and dying in America. The individuals who are close to their end of lives feel hopeless and fearful, all while their loved one's struggle with how to cope and grieve after their loved one dies. They live feeling hopeless. The silence can no longer be sustained. The topic needs to be normalized by providing a preaching series required for clergy-sometimes using fewer words speaks more loudly than more, as do these words of wisdom from Bishop Desmond Tutu's speech about death and dying, "In the beginning God, in the end God."[97]

In this project, I propose to develop a sermon series for clergy that will remove of the tabu on the topic of death and dying and will use hopeful scriptures as well as real life end-of-life conversations anchored in God's hope for the afterlife. I will also teach and develop curriculum materials for workshops on dying with hope. It will bring hope to people whose loved ones are at their end of life, and comfort to those grieving the death of a loved one.

[97] Bishop Desmond Tutu.

CHAPTER 3

RESEARCH QUESTIONS

Biblical and Theological:

All humans are made in God's image, and there is more to life than what we have experienced while living on earth. **When we approach the end of life, how can faith provide us with the hope that there is more to come after death?**

The first thing that drives my desire for people to die well is rooted in Genesis 1:27, where we have the assurance that all people have been created in God's image, and that makes all of us image bearers of God. There is so much value to every life, every person deserves to have a dignified death filled with hope. By grace, God has provided us with eternal lives through Jesus Christ as he took our place on the cross so that we can be forgiven for our sins. It is nothing that we did for ourselves, but solely by the grace of God. John reassures us with this hope through the scriptures that we are eternal beings as he writes in John 3:16; "For God so loved the world that he gave his only son, so that everyone who believes in Him may not perish but have eternal life".[98] We are all created in God's image, made for eternal lives, everyone is included in this hope.

Henri Nouwen writes in his book *Turn my Mourning into Dancing* that "for those who have eyes to see and ears to hear, much in our fleeting lives is not passing but lasting, not dying but coming to life, not temporary but eternal. Amid the fragility of our

[98] The Holy Bible, NRSV, John 3:16.

lives, we have a wonderful reason to hope."[99] People tend to spend much of their focus on their lives here as we have come to know it, and not realizing that we are spiritual beings with a human experience.

There is so much more to come after our lives ends here, there is life after life in eternity and that provide us with hope in God, which gives peace during the time of transitioning that will take place at some time in our lives. Jesus tells us in John 6:40 that we are going to have eternal lives, "This is indeed the will of my Father, that all who see the Son and believe in him may have eternal life; and I will raise them up on the last day."

In Nouwen's book*, Life of the Beloved*, he states that "In our society we barely take the time to mourn when a friend, or family member dies. Everything around us encourages us to keep on going as if nothing happened".[100] Most people do not feel comfortable to get in touch with their own mortality, but instead hold onto the notion that death is something that only other people will have to face. The thought of dying gives people the feeling that it is unreal, and that it needs to be avoided because it seems so final. However, by the grace of God death is not final.

Hope gives us peace through the Holy Spirit and helps us live in gratitude. It produces an active hope that does not disappoint us, because it is by God's grace, not man made.

Psycho-Social:

What are some causes of the dominant American culture attitude towards death and how can they be addressed?

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[99] Nouwen, *Mourning Into Dancing*, 48.

[100] Nouwen, *Life of the Beloved*, 117.

The reality of being alive is that it is temporary, there will be a time when we must face our end of lives. It is part of being human and death cannot be avoided. Yet, most people do not want to have conversations about death, people avoid the subject as something that is taboo and that creates a big mystery about it. It is considered very acceptable to engage in conversations about birth, but not death. Yet, both are a requisite for living human life.

Raymond A. Moody M.D writes that there are mainly two reason that people avoid the topic of death. One reason is that people believe that if they talk about death that will make their own deaths approach closer and it becomes a reality than if they had avoided the topic. It makes people come out of their denial and remember that they too will have to face their end of life one day. They are reminded of their own mortality. The second reason is "that it is difficult discuss death, as it is rooted in the very nature of language itself. For the most part, the words of human language allude to things of which we have experience through our own physical senses. Death, though is something which lies beyond the conscious experience of most of us because most of us have never been through it."[101]

To engage in healthy conversations about end of life, the topic of death needs to be introduced long before death is imminent. It is complicated and stressful if the topic of dying comes up for the first time when a person ends up in the Intensive Care Unit and they are told by a medical team that they are actively in their dying process. That creates psychological chaos and shock not only for the patient, but also for their loved ones. Some may even experience PTSD and that creates even more fear about death and dying.

[101] Moody, *Life After Life*, 2.

What is needed is to have a more inclusive and relatable language that can be used for conversations about death. Death needs to be defined as an organic experience that is as natural as birth, something to be accepted, not avoided.

Psychological:

How do we die well?

When a patient dies well, their family and friends grieve well. A good death is a gift from the patient to their loved ones. The key to experience a good death is for the patient to have a voice to speak up for themselves. Everyone have their own wishes on how they want to exit this world, and it is of the essence that they are heard by not only their families, but also by the medical team. I become the patient's midwife as I guide them through their death process by helping them to be at peace with their death. I also become the guide for their loved ones as they need to be prepared to engage in final conversations that they might never had before about forgiveness, acceptance, and closure. Good care during the end-of-life process needs to be patient centered -family-medical care. The patient is at the center, being surrounded by loved ones all while receiving comfort care.

Sydney Wanzer, M.D. and Joseph Glenmullen, M.D writes about the importance of dying well:

"It is paramount that the patient's emotional and psychological needs be shepherd through the dying process as carefully as the physical needs. Family and friends should be encouraged to talk with the patient about dying and what it means to all concerned. A deep heartfelt discussion can help all those involved experience a sense of completion and feel more peaceful and accepting."[102]

[102] Sidney Wanzer, M.D., and Joseph Glenmulle, M.D. (Philadelphia, PA: Da Capo Press, 2007), 72.

The one obstacle to dying well that I have heard most often from my patients is the one about regrets. They often say, "I wish I had not spent so much time in the office, being away from my family and loved ones." They might have spent so much time working that their families suffered from their absence. This is emotional suffering for the patient, and for their loved ones. As their midwife I will guide them towards a peaceful ending by coming alongside of the patient and their loved ones, to assist them with closure.

My experience with a dying patients' regrets is identical to a survey that was done about the top five regrets of those dying. "I wish I'd had the courage to live a life true to myself, not to the life others expected of me. I wish I hadn't worked so hard. I wish I had the courage to express my feelings. I wish I had stayed in touch with my friends. I wish I had let myself be happier."[103] I will do in-depth research of the psychological issues that can impede dying peacefully and in ways overcome this.

[103] John Abraham, *How to Get the Death You Want: a Practical Moral Guide* (Hinesburg, VT: Upper Access Books, 2017), 143.

CHAPTER 4

PLAN OF IMPLEMENTATION

My intent is to find out what makes a patient be at peace at their end of life. How do they cope? Does faith provide hope to the patient and their loved ones, are there other coping systems? I plan to interview the patients and their families, and to have delicate conversations with them about that. I will primarily focus on the person who is end of life and get their permission to include a second set of interviews with their families. Dying is a family affair as it affects all people that are included in the patient's life. I realize that there are times when patients have family dynamics with complicated relationships, and that is to be taken into consideration to allow for extra time for interviews. I will then develop materials about how to have conversations about death and dying, and not be fearful of the inevitable.

Goal One:

My first goal is to listen to, and then document the dying patient's story with the hope that this will help the dying process. It is their story that will help to inform me how they die with peace. How do they cope, and what gives them hope? How does this hope sustain them, and how does it guide their loved ones to accept their death?

Strategy One:

To develop a set of questions by which to listen to the stories and issues of those who are dying.

Strategy Two:

I will meet with those in my church as well as patients in the hospital who have been diagnosed with a terminal end stage disease and are close to their end of life. Once they have shared the story with me, and we have had time to process it, I will begin my interview with them. The interview will take place over one, two or three meetings depending on how much their energy allows for it, and how imminent their death is.

I will gather data about their emotional, spiritual and physical responses, because everything is connected in the human body. If, for example they are suffering from physical pain in one area, the suffering spills over to other areas that can prevent them from having peace and dying well.

Evaluation of Goal One:

I will document the responses from my conversations and interviews with at least five people who are dying. I will gather the results, all while keeping their stories safe and treating them with great respect and care. I will also keep their names, sex, and location with strict confidentiality.

Goal Two:

My goal is to educate people about the organic nature of dying. I hope to teach my congregation to be at peace and be filled with hope as they come closer to their dying process. I view myself as being their midwife as I am guiding them forward to a new birth as they transition into the afterlife. To teach people on how to engage in conversations about death will help to make the topic more relatable.

Strategy One:

My plan is to have a 3-week workshop for my congregation and for the community at large. I will utilize the collection of interviews and develop a dialogical method of teaching people on how to have helpful conversations about the end of life. There are many barriers to having a good conversation about death, the most common barriers are people's lack of experience, their fear of mortality, their avoidance of emotions, a sense of guilt, and insensitivity about the topic. [104] Those barriers will be exposed and normalized.

Strategy Two:

I will develop a 2-week preaching series about the topic.

Evaluation of Goal Two:

Evaluation will be gathered after each workshop and after each sermon by questionnaires. Written curriculum material will be produced and evaluated by the participants of the workshops.

Goal Three:

To help families and loved ones who are grieving the death of a loved one. Their loss might affect them in several different areas; spiritual, physical, and/or emotional distress. My goal is to assist them with their journey of grief as it can be a path of sadness, confusion, anxiety, fear, depression, and emotional suffering for people. To help them move through the stages of grief one step at a time so that they will not get stuck in chronic grief. To help them learn how to process their grief they will then be able to be at peace with their loss and live with hope.

Strategy One:

[104] ELNEC End of Life Nursing Education Consortium, Long Beach Memorial.

I plan to meet with the patient's loved ones for ongoing support as they grieve their loss. When they are ready, I plan to provide an 8-week grief group for the families of those people I interviewed who died. The grief group will be offered in person or if they live out of the area, as it will be online via zoom.

Strategy Two:

I will schedule the grief counseling classes, invite and provide the participants with their grief class booklets. I will use existing church curriculum.

Evaluation of Goal Three:

The participants will receive an evaluation form to fill out after the completion of the grief counseling classes. The evaluations will demonstrate that the participants are at peace with their loss and feel hopeful for the journey ahead. It will be a systemic change for all.

CHAPTER 5

MINISTERIAL COMPETENCY

My site team and I met several times, and since we are still in covid season, and still follow the restrictions and guidelines of the covid protocol, we decided to have our meetings outside. Living in southern California makes outdoor meetings possible even during the month of October. We met once on the church patio, and once in my back yard. Both locations worked very well for the site team to have conversations, and discussions about each competency.

My site team consist of four members of my congregation. The team is a mixture of two females and two males: Kelly Baker, Greg Heath, Scott Troester, and Becky Szeyller. They have the common goal and desire for the community to be well informed and educated about being at peace with dying. They are also encouraging and supportive of my educational path with this program.

During our meetings, each person on the site team took turns reading out loud each page of the thirteen competencies, including the bullet points under each competency. The team thoroughly discussed the competencies, and each member documented their feedback which are included here in Chapter 5. The discussion summaries from the site team were distributed between the four people. Three team member wrote on three competencies, and one member wrote on four competencies. They worked diligently with their documentation as can be seen below written in their owns words.

1. <u>Theologian:</u>

Anette has an excellent grasp of the Christian faith and its theology. She is articulate and is able to convey her message to the congregation well and in a way that the congregant can apply it to their everyday lives. In addition, she is able to draw on personal experiences to illustrate biblical and/or theological points or ideas. She has the ability to get to the essence of the meaning of a biblical passage or scripture verse, that she is presenting in her message and explains them to the congregation well. The team decided to not choose this competency.

2. Preacher/Interpreter of Sacred Texts:

Anette's preaching style and the overall messages in her sermons are that of a ministry that is positive, encouraging, and uplifting and are based on biblical truths. Her sermons help to build ones Christian's faith and equips and empowers a person on their spiritual journey. Her choices of sermon topics serve to minister to and educate members of the congregation on historical and topical biblical themes. Again, she is able to communicate and convey her message to the congregation well. Through her sermon topics and the way she presents her message and her eloquence, she gently challenges the members of the congregation to grow in their faith, guide them on their walk with the Lord and encourage them in their discipleship study. The team decided to not choose this competency.

3. Worship Leader:

Anette is an effective and very capable Worship Leader. Whether she is giving the sermon, carrying out the sacrament of Communion or leading prayers, she does so well and in a way that creates meaning for the congregant. Anette also has the wonderful ability of seeing a need and filling it, and once the need is identified, is excellent at executing the steps necessary to create the new program or event. She has identified

needs we didn't know we needed and has taken steps to fulfill those needs. She is original and displays "out of the box" thinking that has served to enhance our worship and fellowship experiences. This is evident by programs or events that she has initiated such as the "Blue Christmas" service, the "Mothers and Father's Day Remembrance" services and the "Hot Diggity Dog Parade". The team decided to not choose this competency.

4. Prophetic Agent:

As a minister Anette consistently demonstrates with courage and truth the injustices she has experienced, along with other women in various church leadership positions and seminaries. Anette will come alongside a discouraged individual with sensitivity and encouragement by providing resources and an ear, so they are heard. The team decided to not choose this competency.

5. Leader:

Anette does an excellent job equipping our church deacon board for teamwork that reaches out to the congregation, reminding us the importance a visit or phone call truly makes. This has been extremely important during this Covid year. She provides well the necessary information, pointing out pitfalls and joyful feedback as we divide up the work to be done with the leading of the Holy Spirit. The team decided to not choose this competency.

6. Religious Educator:

Rev. Anette is an exceptional teacher. She studies long, prepares well and engages thoughtfully to those gathered to learn. Anette's Soul Care women's retreat was God's shining example of this. Her presentations went deeper and deeper with each well crafted session. The culmination of Lectio Divina and her hand washing ceremony during communion Sunday morning was incredibly transforming. The team decided to not choose this competency.

7. Counselor:

Anette is an open, honest and caring individual who provides genuine support for those who are grieving, suffering from illness or just down and out. Her skill at providing comfort and assistance to those in need is outstanding. She also leads a grief support group that meets regularly at our church. The team decided to not choose this competency.

8. Pastor: *

Anette's sermons are a blessing to the congregation and to the community. Her message is always relevant and constructive. She has a warm, welcoming style with newcomers, visitors, and members alike. She also spends a significant amount of time with those who are ill, in the hospital or near death; and has for some time.

The team together with Anette choose this competency for Anette.*

Anette work long hours and needs to practice better self-care so that she will not burn out. She teaches others about self-care and soul care but needs to take more time to practice it for herself. There is only one of her and we want her to be around for a long time.

9. Spiritual Leader: *

Anette sets a great example by sharing her own spiritual background and personal discipline in study groups, meetings and retreats. She communicates very well the tenets and practices of our Christian faith. Anette is very effective at providing support to those seeking encouragement with their own faith journey. She is a great leader for Sunday morning's worship service. She works every Sunday and does not take any time off, and she needs to take time off for sabbath.

The team together with Anette decided to choose this competency. *

Anette needs to take time off and away from the church and go on spiritual retreats and observe Sabbath rest. She works long hours and is always on call for the church.

10. Ecumenist:

Anette truly practices and believes in this concept and principle in which Christians who belong to different denominations work together to develop closer relationship among their churches and promote Christian unity. She has a great willingness and ability with her background and faith to voice the concerns of the community including involvement of other congregations and groups. Anette grasps the concept that there are sensitive issue with past histories, and works her dialogue and understanding through scripture to present her positive message fully to the congregation. She has a very full understanding of alternate denominational beliefs.

Anette leads the congregation in prayer in our weekly services. Her prayers are completely inclusive and comprehensive as to humanity, denominations, alternate lifestyles and beliefs, and current affairs. The team decided to not choose this competency.

11. Witness or Evangelist:

Anette has a calling to both witness and preach the gospel message as a life/season calling and purpose. She is profound about her verbal witnessing and telling others about Jesus's death, resurrection and ascension back to heaven. Anette is a strong leader in organizing the purpose of discipleship and spiritual formation into Christ.

In her weekly sermons and prayers to the congregation, Anette is very positive and her faith shines through. As the LNPC leader of Pastoral Care, multiple congressional members have witnessed and commented on her strong faith and witness to it. The team decided to not choose this competency.

12. Administrator:

Anette is a church administrator that has a well-rounded business background, yet has a strong ability to integrate that information into the uniqueness of the church environment.

She has experience dealing with human resource management, risk management, budgeting, purchasing, local government issues and building programs, to name a few. Anette is a liaison between the pastor, the congregation and the staff. Because of this, Anette has excellent communication skills. Anette leads the congregation and the staff to know what is going on at all times. These are all leadership skills Anette possess. Anette is a critical member of the LNPC staff. She positively contributes in the weekly staff meeting on all issues related to the church. The team decided to not choose this competency.

13. Professional: *

Anette has great skills in written communication and express herself well. Her time management is very calculated and she handles her work load well. Although it is hard for her to say no at times, she does work on time that is warranted for the good of the congregation. She needs to learn how to say no more often when it is doable. She is always available to the congregation, and they call on her even on her days off. She is always being on call.

She is very positive towards herself and others. She demonstrations professional behavior in all settings. She is an honest, hardworking listener and communicator. Anette deals with lots of conflict and is able to practice self-care while attending to the needs of the congregation.

Anette's professional skills are clearly demonstrated on a weekly and daily basis. The entire LNPC staff and congregation value her leadership. Her leadership with the Deacons is a prime example. Many have commented about how her professional leadership helps the Deacons. Specifically, Anette delegates responsibilities in an inclusive way – a trait of a true professional.

The team together with Anette chose this competency. *

Anette needs to learn how to say "no" more often and learn how to practice self-care on a regular basis. She needs to say "yes" to herself with time.

The competencies chosen for development are Pastor, Spiritual Leader, and Professional.

All the competencies are important, however the above three are the ones that are of the essence as they will help me to practice better self-care in order to protect against becoming burned out and also learning to take time off for sabbath. Setting healthy boundaries by saying "no" is something that will help and sustain me in my ministry as pastor and chaplain.

I. Pastor:

The Twenty Third Psalm is where I began my calling into ministry so many decades ago. I view myself as a shepherd caring for, and giving comfort to God's people, especially those preparing to die from this life. I guide them through their end-of-life journey, giving them peace and hope. I have been providing end-of-life journeys for the dying so many times and it can be emotionally draining and exhausting if there is no time for Sabbath.

If I am going to grow as a shepherd and guide, I need to learn how to practice better self-care. I need to grow in my ability to learn how to practice soul care to myself so that I can better integrate soul care to the dying.

Strategies:

A. I will continue to read and study the topic of soul care for those who are near their end of life.
B. I will grow deeper in my ability to better understand the spiritual needs of those who are dying.
C. I will research the topic of grief after a death in 3-4 works and write a brief summary to be used in my grief group.

Evaluation:
I will write up my learnings on soul care and grief to share in my counseling classes and workshops.

II. Spiritual Leader:

This is not about me, but that of God who has called me to be a spiritual leader guiding those who are at their end of life to die with hope and at peace. This is not something that I would have chosen to do on my own, but it is that of the Holy Spirit's dwelling in my soul guiding me to be a spiritual leader. Dying is a spiritual experience, and I have a deep desire to create a sacred space for those who are dying to experience God's loving presence surrounding them with peace. To accomplish this, I need to be grounded in my faith with all my body, mind and soul. I need to slow down and listen to the Holy Spirit's voice. During last year's lock down at the height of covid season, I planted a prayer garden in my back patio. It was there I noticed how my planted flowers needed to be rooted in good soil, be watered, and cared for in order for growth. God is the divine gardener for my soul to stay grounded in my faith and be firmly rooted in the essence of his creation. I want to help my congregation to nurture their faith so they can grow deeper in their relationship with God. To slow down and listen to the Holy Spirit's leading in their lives.

Strategies:
A. I plan to use the book *Space for God* by Don Postema, a study and practice of spirituality.
B. I plan to teach a class in my prayer garden on the practice of spirituality to small groups.
C. I will preach on how to create space for God to my congregation.

Evaluation:
I will have the participants in my class provide their feedback about the class by filling out a questionnaire that I will summarize for use in my sermon

III. Professional:

I view my calling from God as being the one who leads and guides me as pastor and chaplain. I cannot be present with people at their end of life in my own limited human capacity. I can only do my ministry because the Holy Spirit's presence of speaking, and guiding, leading, and equipping me to do what I do. My calling is to be with people at their end of life guiding them through to their ending of this life. I love what I do. I also know that I do need to learn how to say "no" when there is so much work that needs to be done in ministry. I am a people person, and I at times can have a difficult time saying "no" to people, and "no" to more work. I can at times feel overwhelmed and tired from the demands of my work. I need to learn how to manage my time well so that I can continue to do the ministry that I have been called to do, and not try to do all ministries.

I am a professional in my field and I am good at using my listening skills and communicate well with others. I am dependable and deal constructively with conflict. I tend to be very honest and open about myself whether I am in a professional or personal setting. I believe that I role model this competency well to my co-workers and others.

Strategies:

A. I will continue to schedule daily time for prayers, meditations, and journaling.
B. I will read 2 books on self-care and setting healthy boundaries.
C. I will read and educate myself on time management so that I will not overwork.

Evaluation:

I will evaluate my progress by keeping a calendar for 3 months, and schedule weekly time for Sabbath time. I will document ways in which I relaxed, had fun, and had prayer time. I will continue to meet with my site team for ongoing support and encouragement. I will write daily in my journal.

I am deeply grateful to my site team for their dedication and support of my proposal for the doctoral work. Their encouragement has been helpful and is hopeful for the journey ahead.

They know me well, and they have provided me the time and space that was needed for their input that was given in the beginning of this chapter. I look forward to continuing to work with my site team for ongoing feedback, support and evaluation.

Appendix 1: Timeline

Monthly meetings with my Site Team and Faculty Advisor.

Jan.- Feb. 2022	Submit Final Proposal Find Academic Advisor Begin reading for the three research topics
March-April 2022	Develop the questionnaire for end-of-life patients Meet with and gather stories from end-of-life patients Document the stories from end-of-life patients Begin planning for Prayer Garden class Continue reading for research questions Begin workshop planning
May-June 2022	Continue to gather stories from end-of-life patients Document the stories from end-of-life patients Continue reading for research questions Put together workshop curriculum Teach workshop and gather evaluations
July-Aug. 2022	Write and preach Sermon Series Develop questions for sermon evaluations Gather evaluations from Sermon Series from the site team and 10 members of the congregation Continue reading and begin write up for research
Sept.-Nov. 2022	Begin 8-week grief group Begin write up
Dec.-Jan. 2023	Finish and polish dissertation project

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APPENDIX B
THREE-WEEK WORKSHOP PRESENTATION, HANDOUT AND TALKING POINTS

It is Always too Early, and Then it is Too Late

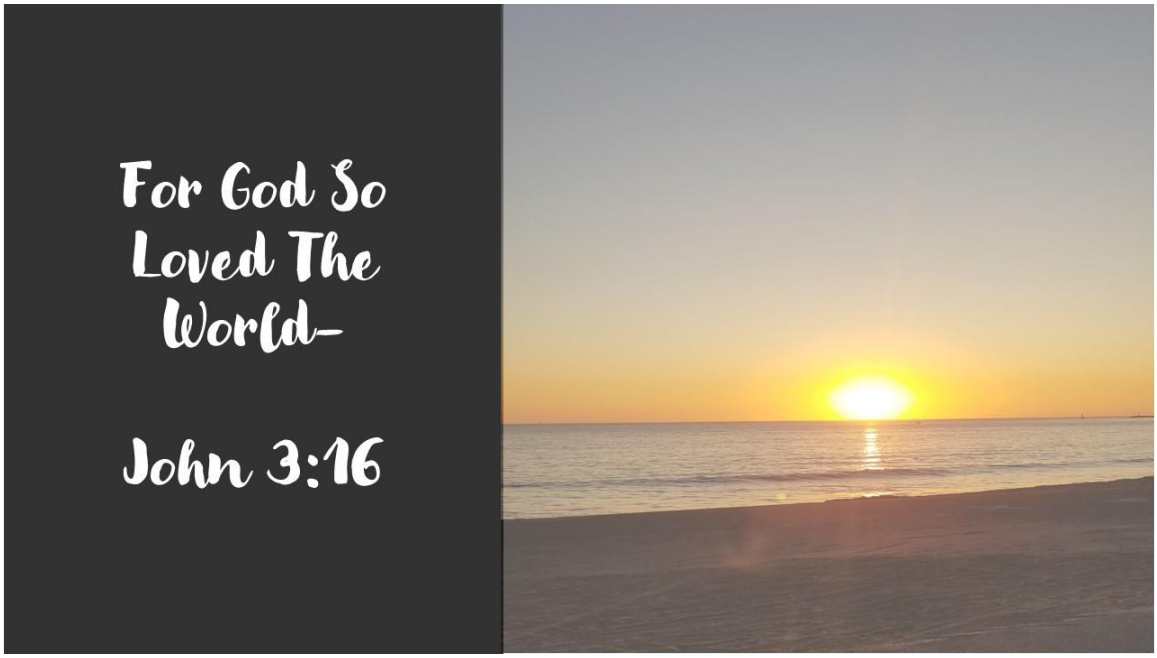
Let's Begin The Converastion

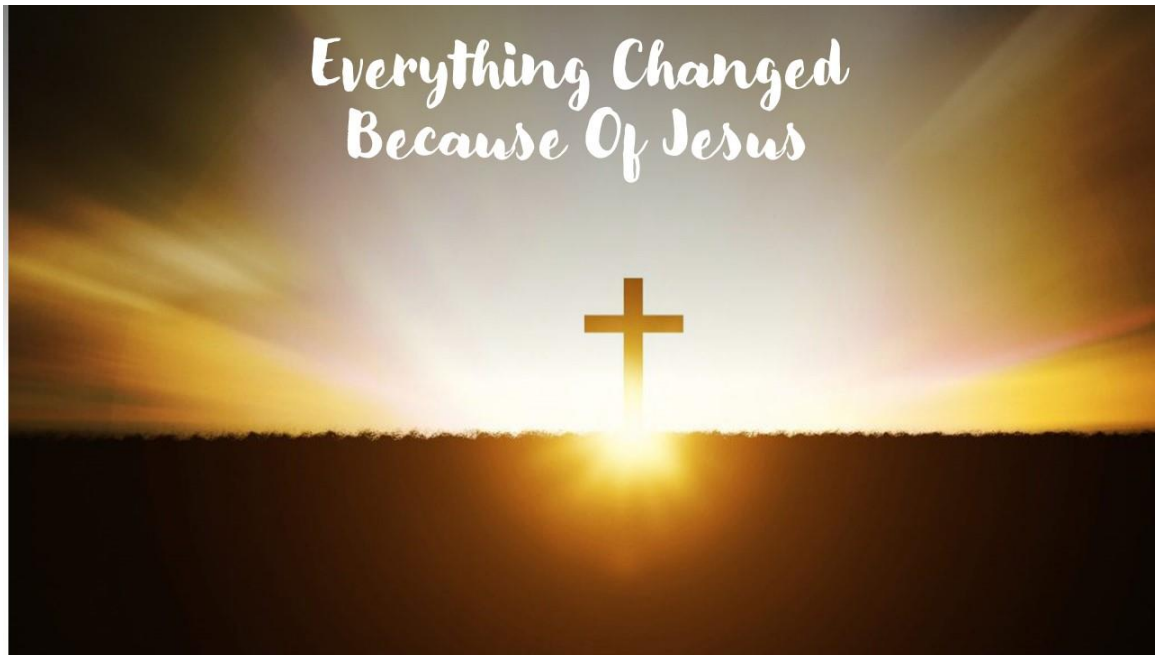
Talking About Death is...

~~Weird~~
~~Taboo~~
~~Bad Luck~~
~~Morbid~~

a part of life.

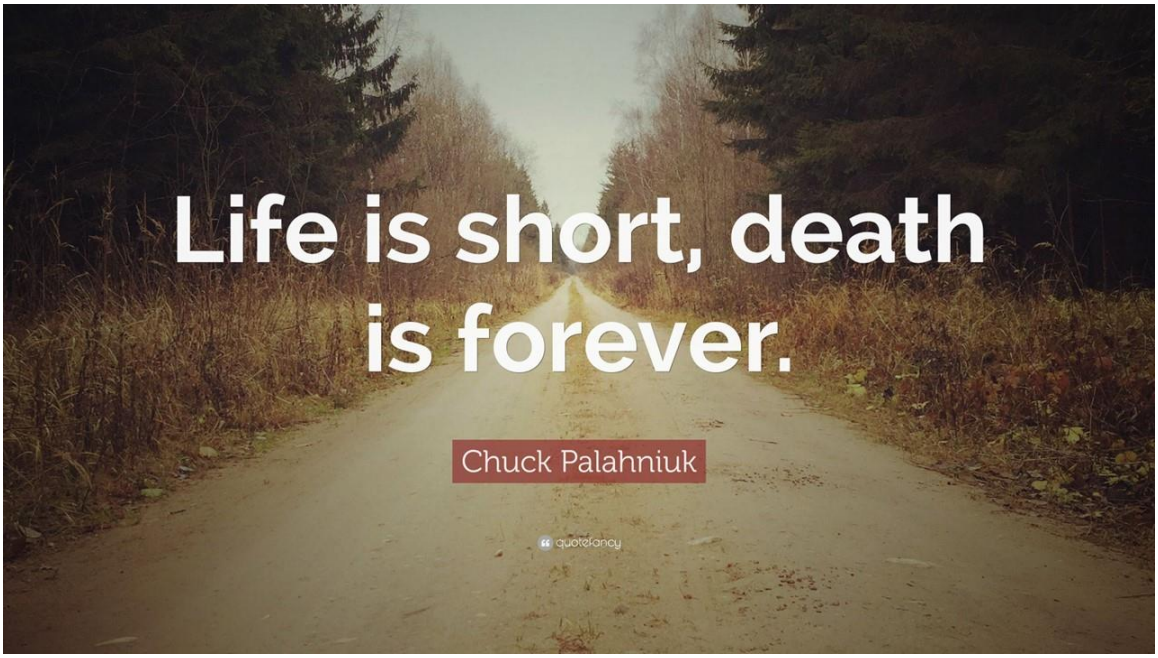
Authentic Conversations and Life Lessons From Those Who Have Died

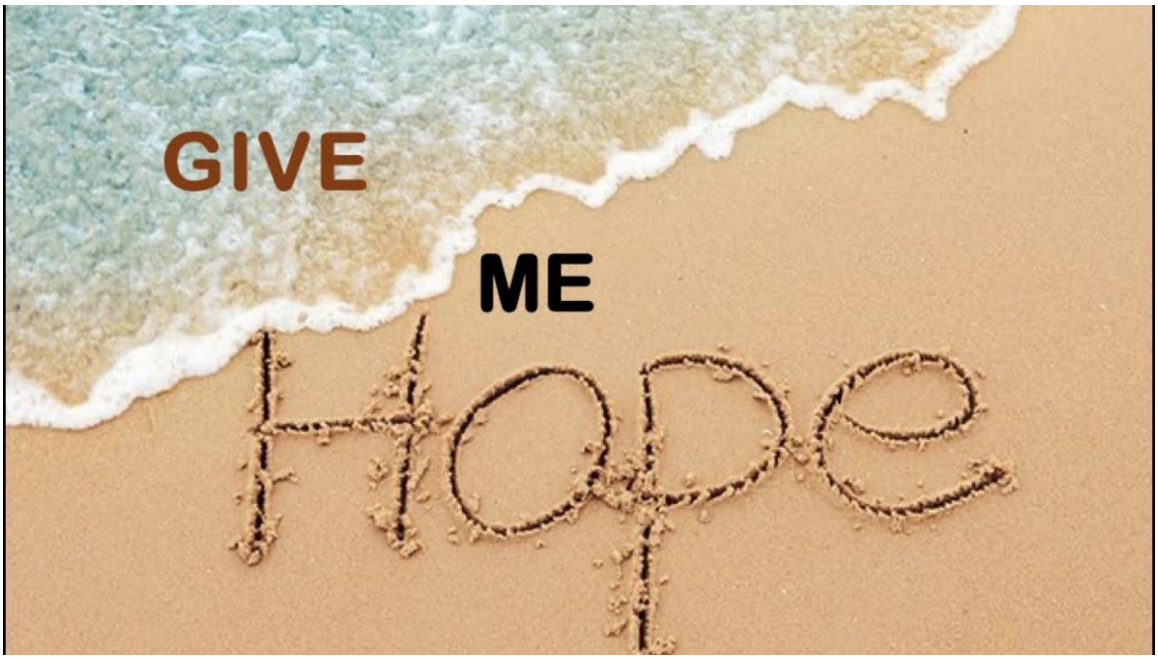

For God So
Loved The
World–
John 3:16

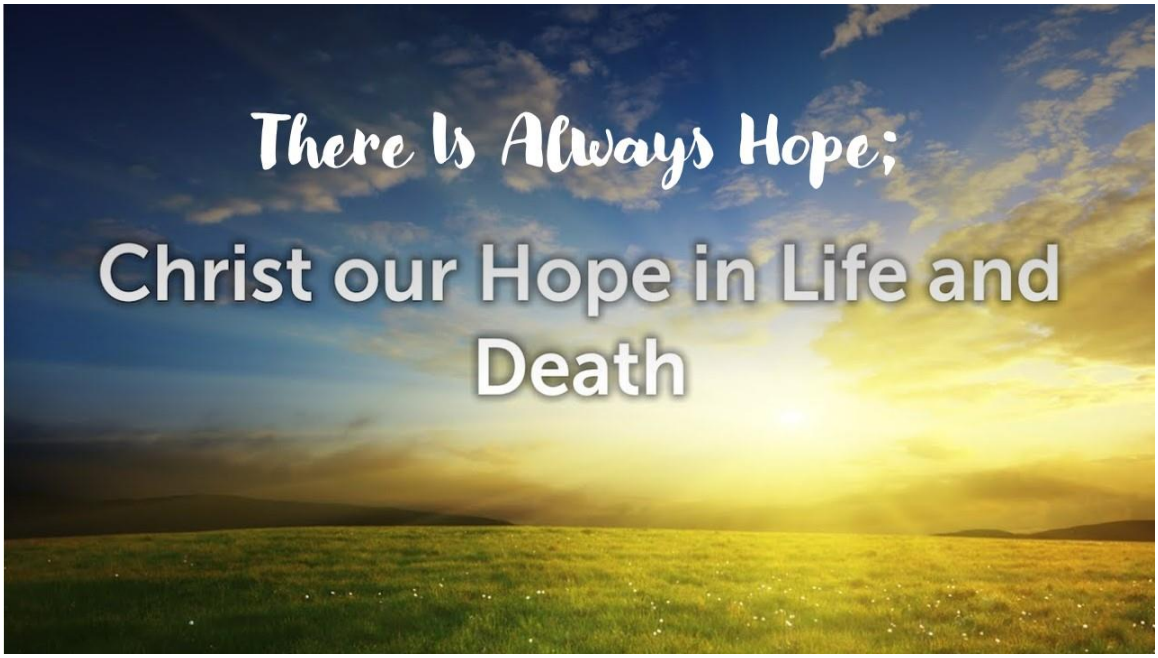

Everything Changed
Because Of Jesus

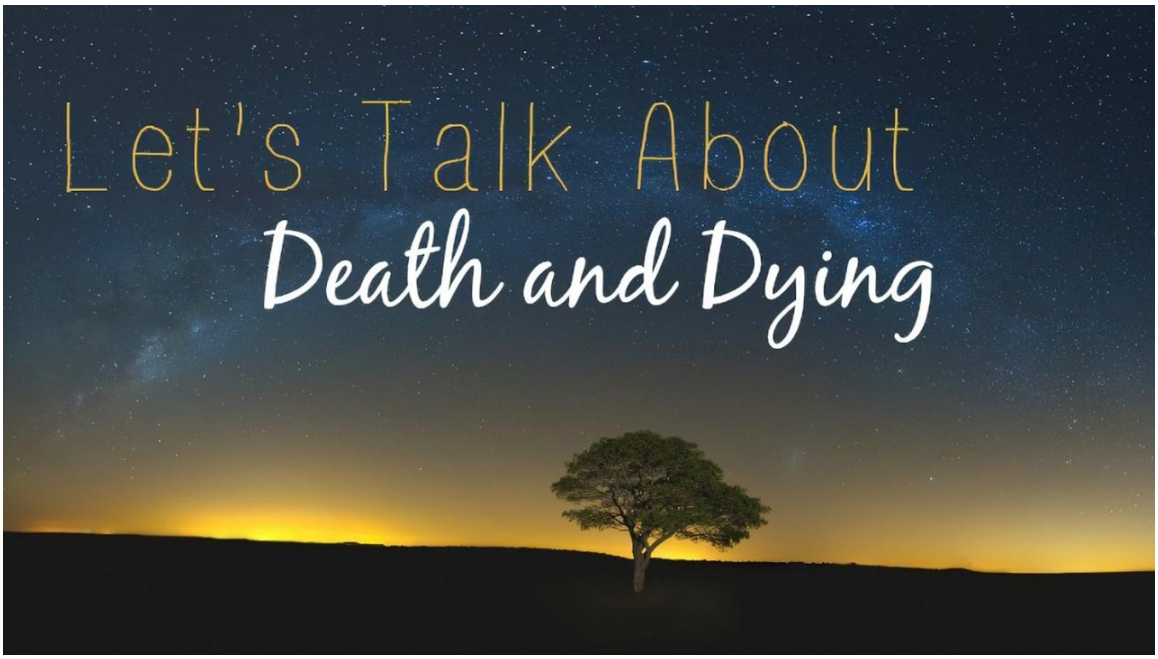
Resurrection Hope
1 THES. 4:13-18

THE HUMAN EXPERIENCE
CONTINUES
BEYOND THE GRAVE


Life is short, death is forever.
Chuck Palahniuk
quotefancy

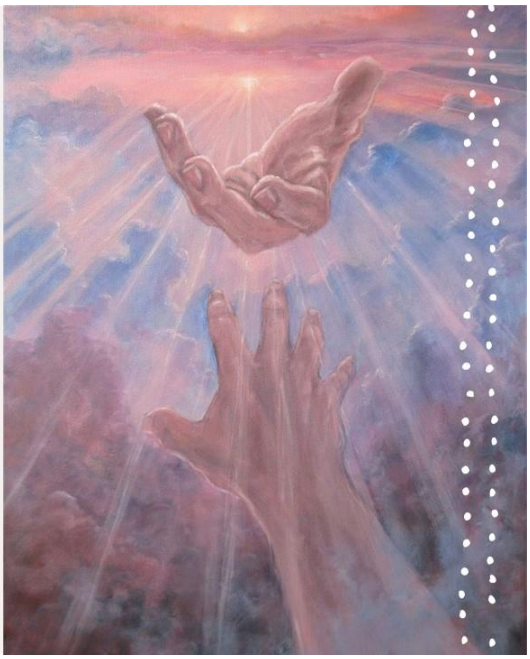

GIVE
ME
Hope


There Is Always Hope;
Christ our Hope in Life and Death

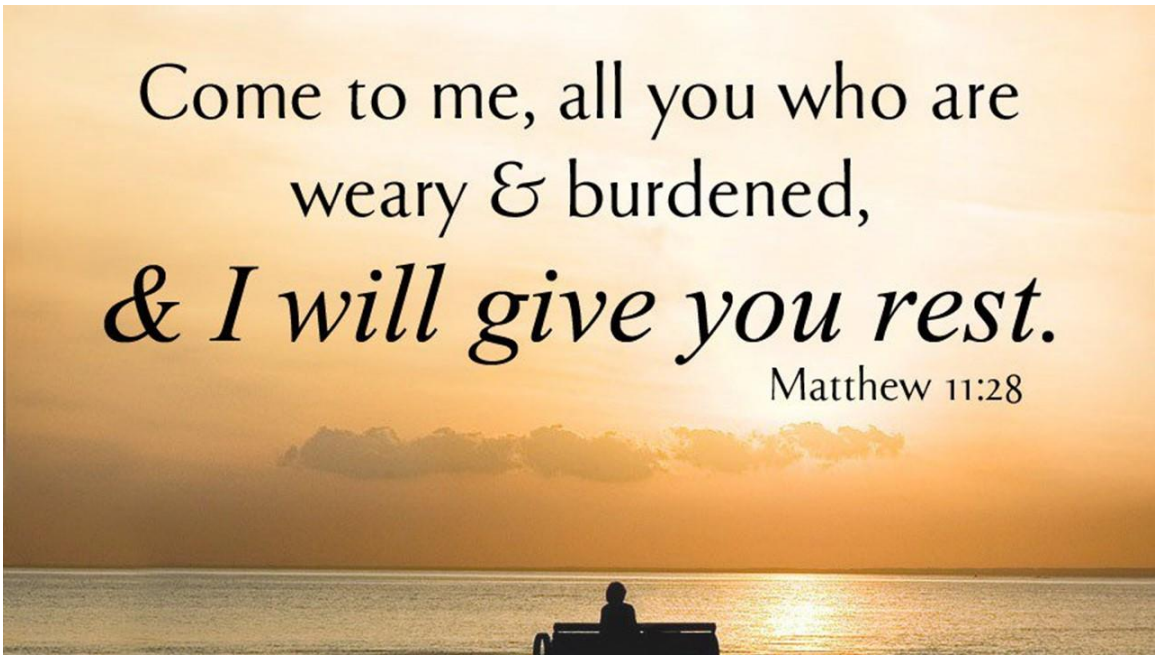

Let's Talk About
Death and Dying

Real Life Stories From Near Death Experiences

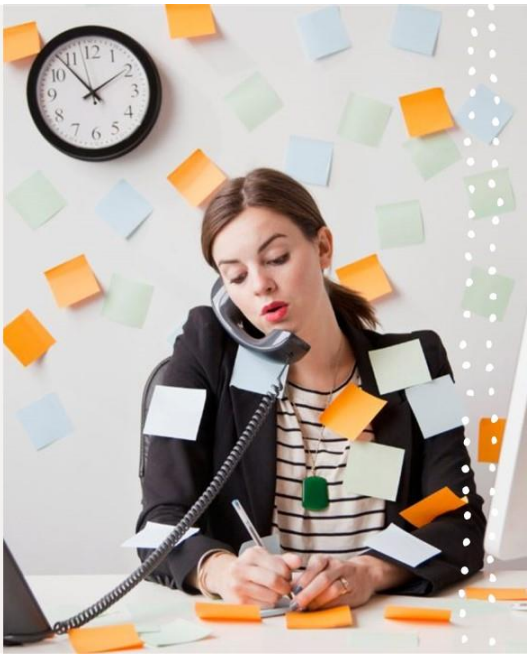
- "I Am At Peace Now"
- "I Want to Go There"
- "I Look Forward to go"



This Hope Never Ends

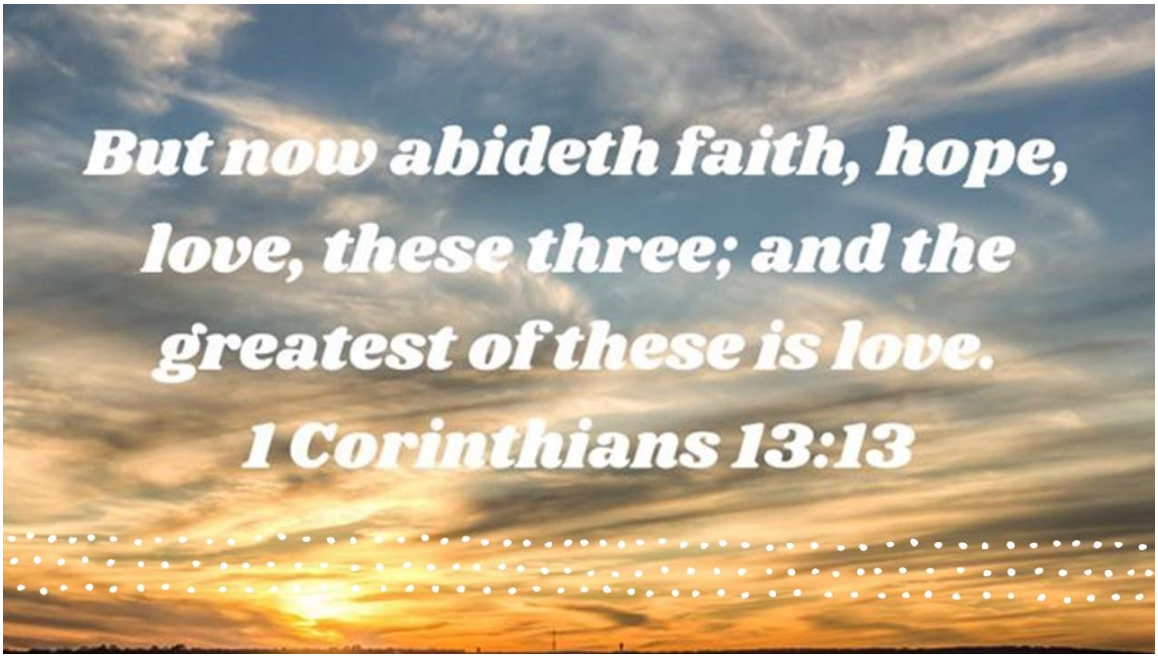

Come to me, all you who are
weary & burdened,
& I will give you rest.
Matthew 11:28

- The Tope 5 Regrets of the Dying:
- #1. Spending Too Much Time Working



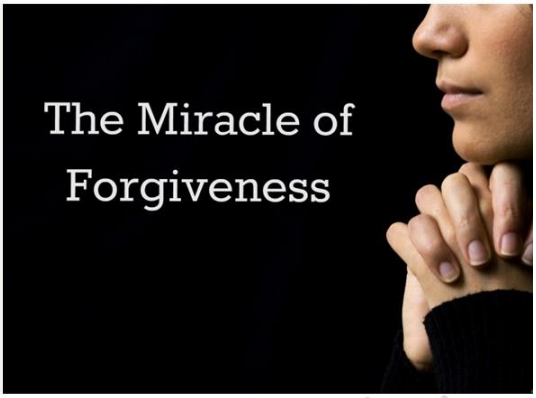
The Top 5 Regrets of the Dying:

- #2. Should Have Been Be More Loving Of Myself, And Others



The Top 5 Regrets of the Dying;

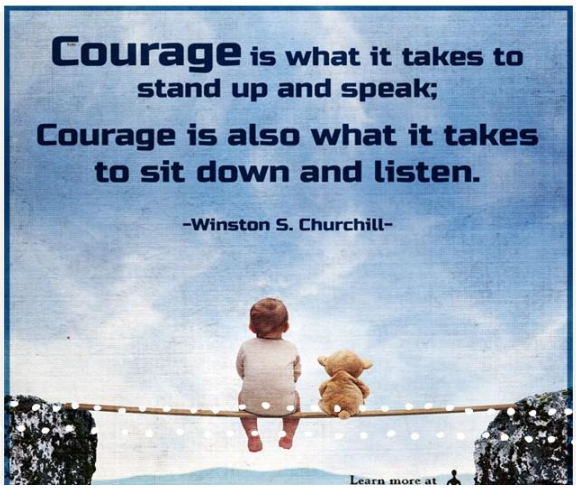
3. FORGIVENESS OF SELF AND OF OTHERS



The Top 5 Regrets of the Dying:

4. Be True to Yourself–Be You, Not Somebody Else

The Top 5 Regrets of the Dying:


Courage is what it takes to stand up and speak;
Courage is also what it takes to sit down and listen.
-Winston S. Churchill-
Learn more at

#5. Wished I had Been Courageous to Speak Up-Expressed my Feelings

Views on Dying

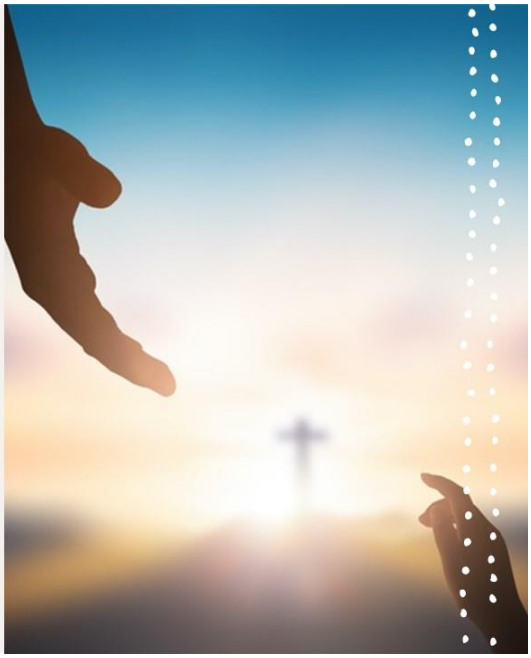
- Everybody has got to die, but I always believed an exception would be made in my case.
- –Author William Saroyan on his deathbed.

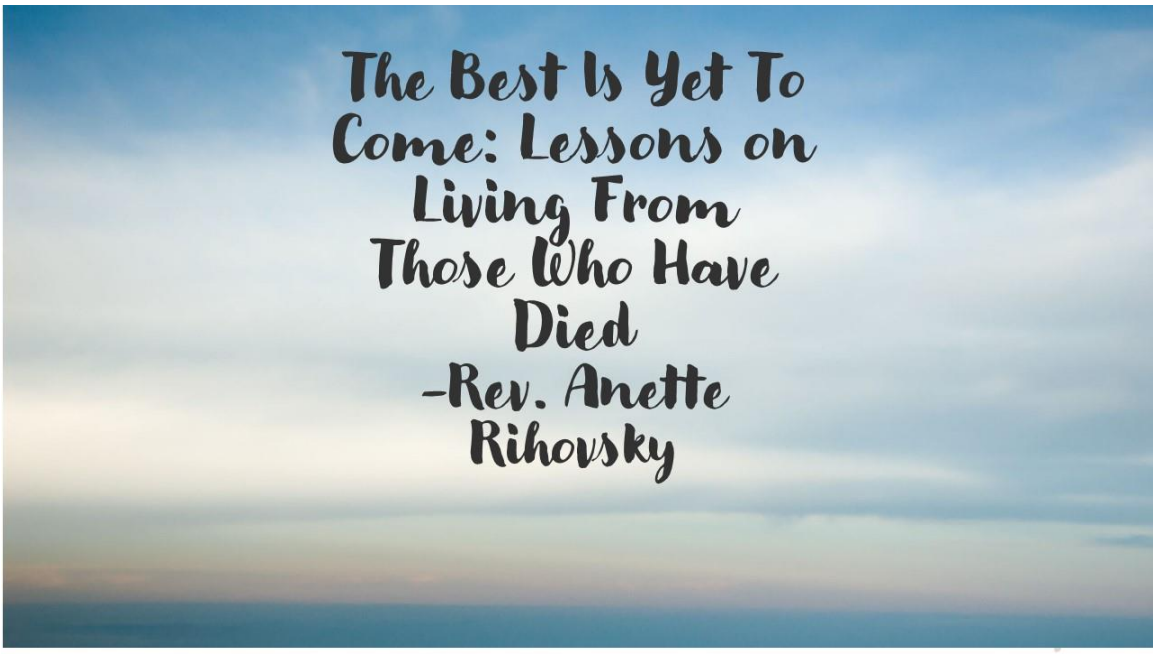
Views on Dying

- Death is an Event in Life. It is Something That Occurs *IN* Life Rather Than Something That Occurs *TO* Life.

Views on Dying

- In the Beginning God, in the End God.
- –Bishop Desmond Tutu



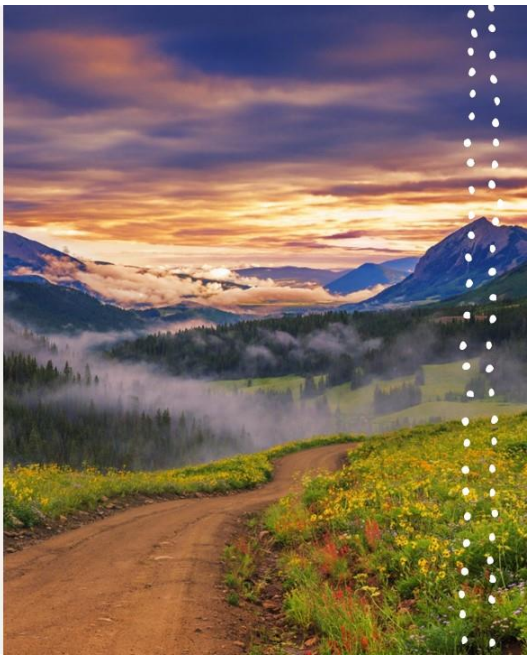


A Gift For Your Loved Ones

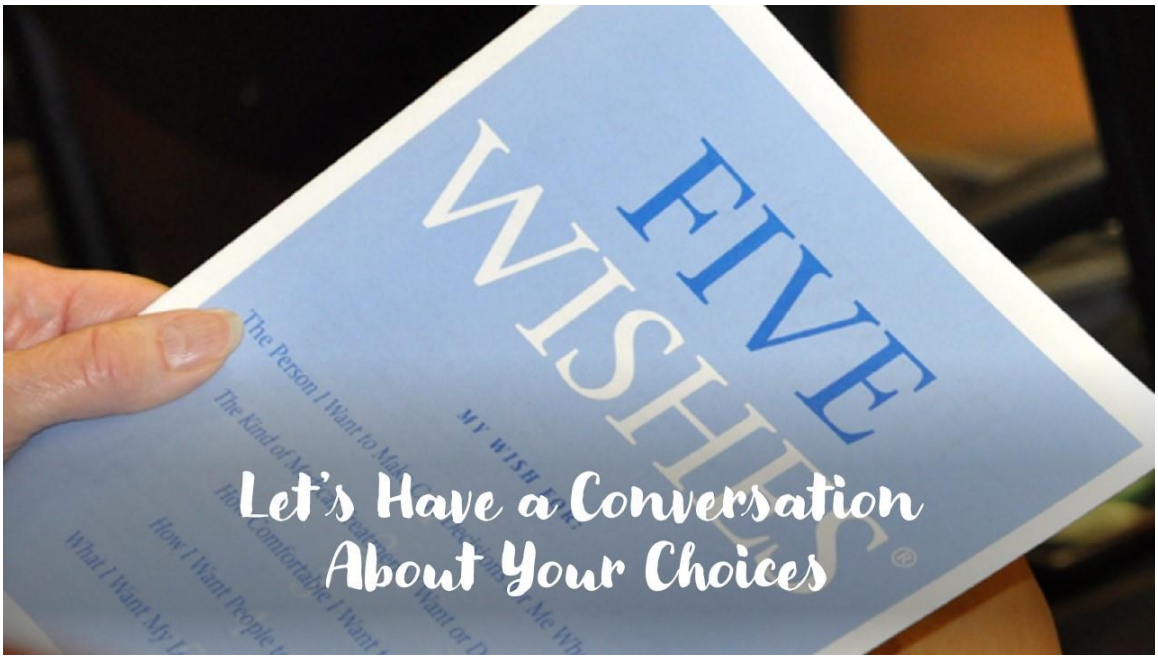
- Conversations About Forgiveness,
- Acceptance and Closure=Peace

Psalm 23
Journey through Life

- For You Are With Me...
- I'd like a # 23 please!
- Comfort For All People



Forgot to Make
My Wishes Known


FIVE WISHES
Let's Have a Conversation
About Your Choices

Who Speaks For You When You Can't Speak For Yourself?

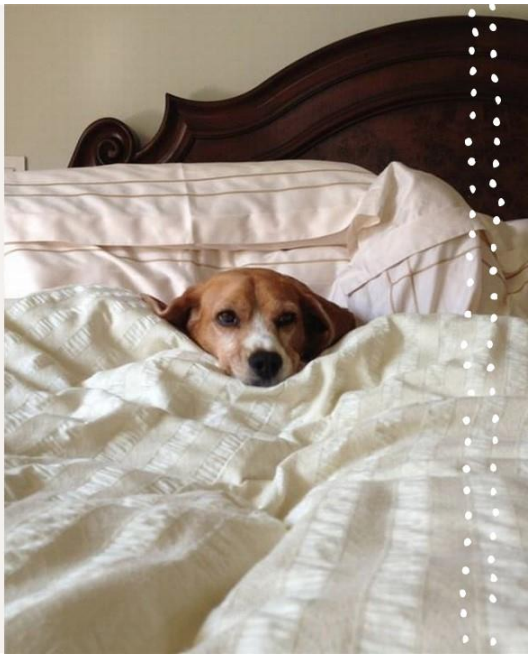
- -Begin the conversation
- -Someone who knows you
- -Someone who stands up for you

Choosing Medical Treatment

- What does life support treatment mean to you?
- Full Code
- DNR=Do Not Resuscitate
- AND=Allow Natural Death

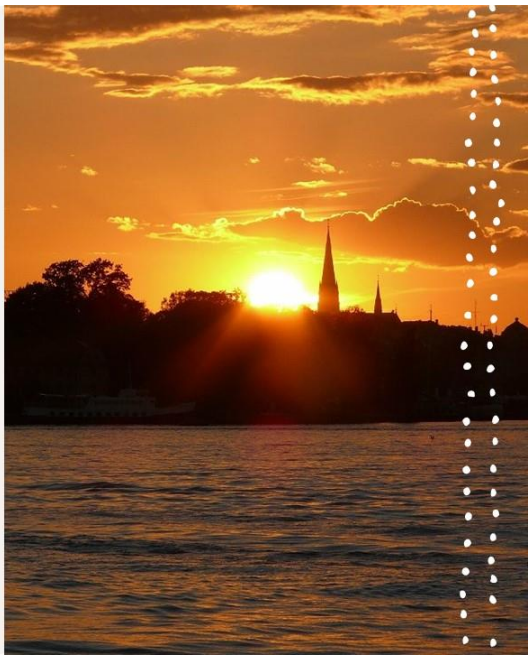
How Comfortable Do You Want to Be?

- -Be at Home
- -Other Options
- -Pain-free



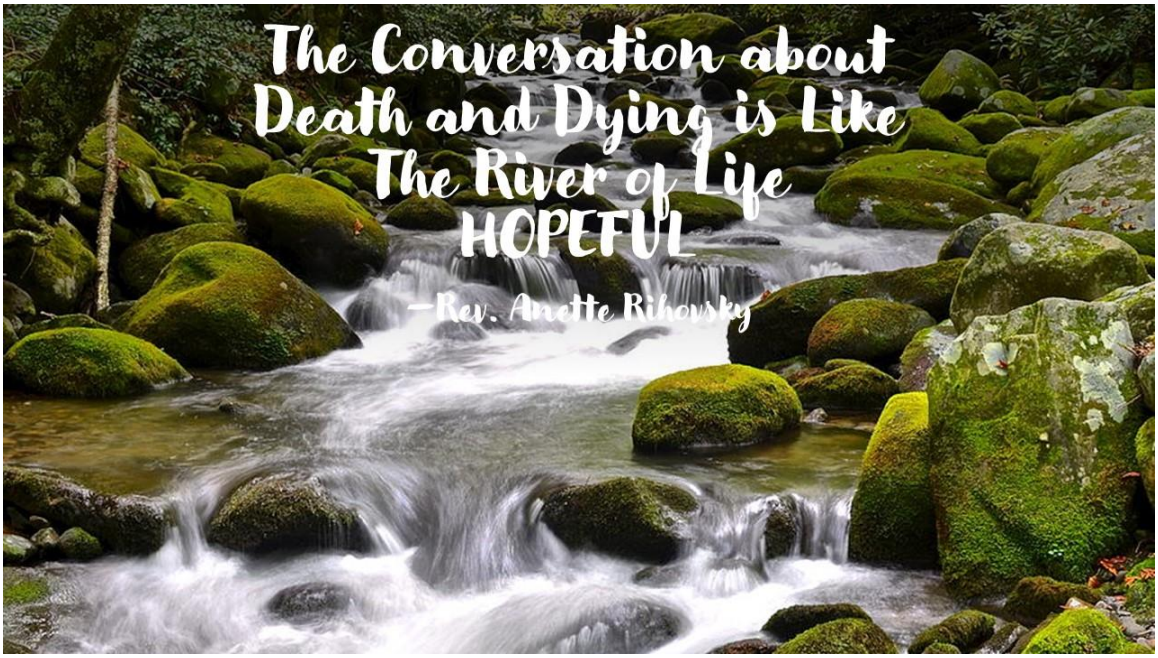
How Do You Wish to Be Treated?

- -With Prayers
- -With Kindness
- -With Compassion
- -At Home With Family



Hope, Love, Forgiveness
and Peace

And I Shall Dwell in The
House of The Lord Forever


The Conversation about Death and Dying is Like The River of Life
HOPEFUL
—Rev. Anette Rihovsky

The Best Is Yet To Come: Lessons on Living From Those Who Have Died
-Rev. Anette Rihovsky

Talking Points

Welcome to "The Best Is Yet to Come" three-week workshop. It is good to see you all. Some housekeeping before we begin: Please feel free to get up and stretch your legs whenever you want to. Help yourself to the refreshments over at the table in the back. There is coffee, tea, water, and lots of goodies. You are more than welcome to raise your hand and ask me questions during this PowerPoint presentation.

There will be a time about halfway through this workshop when we will have Table Talk, and at each table a Site Team member will lead a question-and-answer time. Feel free to speak from your heart; this is your time to engage in conversation about death and dying. Then we will come back together and go over anything that was discussed at your table that you would like to share with the entire audience.

You have been given the handouts which follow along with my PowerPoint presentation, so please feel free to jot down any notes. Now let's get started.

Death is part of life. No matter what we do, we cannot avoid dying. The reality is that we are all going to die, but hopefully not in the next hour. (Space for laughter to help people relax.)

Talking about death in this country is taboo. This is not healthy for us to keep such a big part of our lives secret. It makes death and dying into a big mystery. That can create fear within us. It's not good for us living with fear.

For us to have a good death, we must learn how to have a conversation about it, to plan for it, and make it a beautiful thing. Because dying can be a beautiful thing, it can be like giving a gift to those we leave behind. It can be our legacy to others, to die well.

Things have changed at the end of our lives. We used to die at home. Before 1950, over 50% of deaths happened at home. Then after that, technology, medicines, and treatments have increased and are now available to everyone, which is a very good thing. We have improved a lot of things, like invented machines and intensive care units, and they were originally developed to be used for sick people, to help them get better and eventually no longer need them.

After a person had lung surgery, we had new ventilators that helped them to breathe after their surgeries.

We began to be obsessed with all the new technology that we used. We got so obsessed that we began to use the tools of technology for everything, including for patients who were already in the dying process. It was used for patients recovering from surgery, and disease. The obsession began to try to avoid death and dying, even if they were in the dying process.

I have for decades worked with dying patients, and it became evident to me how ill prepared people were to die. No matter what their ages were, or how many years ago they had been diagnosed with a terminal end-stage disease, most people still were in denial that their end of life was coming closer for them.

Often, it was in a family conference in the intensive care unit when people were told there was nothing more that could medically be offered to them to extend their lives. That was often the first time an end-of-life patient had ever heard that there was nothing more that could be medically offered to them, their end of life was close.

There were no more chemotherapies, no more radiation, dialysis, or other medical treatments available for them. The disease had taken over their bodies. All medical

therapies had been exhausted, and the time was now here for them to say goodbye to their loved ones.

Those scenes were often crisis centered; people were shocked, and it was very sad for everyone involved. It was sad to be a witness to it.

It was often the families of a dying patient that were more shocked than the patient. They would not want to "give up" and wanted the medical team to try harder. "Google it," they would tell the physicians, "to check and see if there is a new treatment for their disease." Even the physicians had a difficult time telling the patients they were dying. So, they would refer those conversations to me.

The majority of my time was spent in the Intensive Care Unit (ICU) or the Emergency Room (ER). It has been a humbling privilege to be present with 6,000 patients as they died. God's Spirit was present with each person as they died and transitioned into the next.

God has called me to be a voice for the voiceless. I truly believe that God's hope is for everyone; by grace we can die with peace. We must also have our wishes made known and followed during the end-of-life process.

The lessons that I have learned from those who died have changed my life, and I see it as my mission in life to help and normalize the topic of death and dying instead of having it be made into a mystery. I do not want people to be fearful of dying; we all deserve to die with hope in God. We must begin to have conversations about death and dying so that it can come to the forefront out of the shadows of mystery. The time is here now today with you to begin this journey of having Table Talks.

These past years have brought the topic of death to the forefront of the entire world. With the pandemic of COVID-19, over seven million people have died worldwide from this terrible virus. The time is now here as we reenter society with a new normal, a new existential living that gives us deeper meaning on life.

God is doing a new thing for all of us. We have the choice to live life with authenticity for ourselves and for others. We are here to begin to have healthy conversations about death and dying, remove the taboo from talking about it. We are here to use our voices and participate in changing the culture. We are here to do Table Talks!

The reality of life is that we are all going to leave this world at some time; we cannot stay here forever, no matter how much we try. From the time we are born, we are one step closer to dying. There can be a sense of freedom and joy in living each day to the fullest once we accept that it will not last forever. To have an awareness that each day is a gift on loan from God, and that we cannot take it for granted.

Life can be beautiful when we live it with meaning and purpose, and with an awareness that God is with us here and now. We are created in God's own image, and that means that we are valued as human beings; we are all made equally. The scriptures beautifully inform us, "So, God created humans in his image, in the image of God he created them; male and female he created them" (Genesis 1:27 NRSVUE).

We are God's people; every single one of us are created in God's image. We were created with eternity in our souls. We are spiritual beings with human experience. There is more life to come after this temporary life. The best is yet to come.

Dying is part of living life. The moment we are born, we are one step closer to dying. Dying is transition time.

So, then why is the topic of death avoided? Why do we avoid talking about death and dying? Well, most of us have no experience with dying. How many of you in this room have experienced having been dead? (Space for laughter so people can feel more relaxed.)

Another barrier is we are fearful. We avoid emotions. We might feel guilty. Or perhaps we are just insensitive about the topic. Here today in this workshop those barriers will be exposed and normalized. We are going to have some Table Talks and talk about death and dying.

How do we want to die? What are our end-of-life wishes? We are going to make our wishes known as we talk around the tables. The last workshop we will all fill out the Five Wishes document together.

It is so important to have conversations about dying and dying well. The more we engage in conversations about death and dying, the more peaceful we will become knowing that God has made provision for death. There is so much more to come after this life. There is life after life.

It is also important that we make our own end-of-life wishes known by writing them down in a legal document called the Five Wishes. We will have those documents for you, and they will be available on the very last workshop.

When we make our wishes known to our family and loved ones before there is a need to make any decisions, they can be at peace knowing that they did for you exactly what you would have wanted for yourself.

They followed and honored your wishes.

We can all have a sense of freedom and remove the burden from our loved ones so that they don't have to guess what we would have wanted at the end of our lives.

Many of you have experienced someone in your life having died. Is there anyone who would like to share? (Leave time and space for people to talk.)

Once we can begin to have conversations about death and dying, it paves a path to start talking about what our wishes are for the end of our lives. It gives us control over our end of lives.

These conversations are powerful, and we can have a sense of calm once we talk about our end of life.

I have learned so many lessons from the patients who died; they taught me how to live and to focus on what is important in life.

There is value in doing your own life reflection. If you died tomorrow, did you make a difference? What is your legacy going to be? Sometimes there is no later, there is not a tomorrow.

We tend to focus on quantity; how many text messages, phone calls, and we don't observe anything other than the screen in front of ourselves.

A good death is dying with hope.

Is she/he dying? Congestive heart failure, dementia, cancer. Terminal illnesses.

What's the prognosis, diagnosis?

Are we supposed to cure death?

Doctors often do not communicate well about death.

Our job is to create treatments that prolong life. However, it does not cure death. She/he wants hope. Hope in the medical treatments, hope that the war on cancer can be won.

"The doctor is taking my hope away," patients often say.

Do you hope that the sun will rise tomorrow?

She/he had hope that she/he could beat this illness.

People feel that the discussion of hospice is giving up hope.

Death is not a failure; dying is living.

What is the purpose of the end of life, to get more chemo? Or is it to get more life?

It is great that chemo can extend us with more time to live. But in the dying process it creates suffering.

Each day brings us closer to death. Dying is part of living. There is no terminal illness that allows you to stop time to go and do you bucket list.

Just do it.

Live your life now — accept that dying is part of living.

Leave footprints of your life behind; your footprints are unique to you.

Life lessons from those who have died — they were the best teachers.

Be real; be who God created you to be. Don't be someone else; don't pretend.

People on their deathbeds are so authentic; they don't BS anymore.

Life lessons from the deathbed — they were good teachers:

1. Don't work so hard; it is time away from your family and loved ones.
2. I wish that I had not spent so much time away at the office.

3. Love yourself, love others.
4. I wish I had paid attention to small details in life.
5. Forgiveness of loved ones, forgiveness of myself.
6. Always tell people you love them; it might be the last time you see them.
7. Mend broken relationships.
8. Just go ahead and do your bucket list; don’t wait till it’s too late.
9. Be more grateful for life.
10. Why are you always here (at the hospital)?

APPENDIX C
DOCUMENTED REPLIES FROM WORKSHOP ATTENDEES

"The Best is Yet to Come" Three-Week Workshop
Pastor Anette Rihovsky
Attendee Questionnaire Responses

Question 1: When was the last time you had a conversation about the topic of death?

- *Answer*: When I signed up for this workshop, told the family and friends about it.
- *Answer*: With my brother after our mom died.
- *Answer*: I relayed the death of my grandchildren's grandpa that just died, and what happens to his body/soul. My grandkids are 3, and 4 years old.
- *Answer*: Never- but talked with friends who are not believers. They need comfort but refuse to believe in a god that allows tragedies.
- *Answer*: Never had a conversation about death.
- *Answer*: Just yesterday with Pastor Anette when I signed up for the workshops.
- *Answer*: I cannot remember ever have had such a conversation. Maybe after having had passing comments about retirement, and having a long life?
- *Answer*: I had a conversation about that briefly about a year ago. A friend died.

- *Answer*: Today at this event. It is much easier to talk about death with a co-worker or an acquaintance than it is to talk with a family member. Can't talk to them about death. Never until today.
- *Answer*: Never, but I need to have a more in-depth conversation about it.
- *Answer*: About a year ago when I went to a funeral.
- *Answer*: Briefly within this past year, with my husband.
- *Answer*: Daily with God. Regularly I spend time with my brother Mitch since our mom's recent passing. Before she died, we never talked about it.
- *Answer*: 2 weeks ago, with my son Tom.
- *Answer*: A few months ago, with my children.
- *Answer*: Recently within the last month as my husband and I updated our wills and family trust. Then we need to have a conversation with my daughter.
- *Answer*: In the last couple of weeks due to an operation that I am facing.
- *Answer*: My brother died recently, and several church members have died recently. That forced me to have a conversation about it.
- *Answer*: I don't remember ever having had a conversation about death with family or friends.
- *Answer*: Never, until now with the Site Team we had a conversation about it. Pastor Anette has opened this very important topic in our lives, Amen.

Question 2: What are some obstacles/fears that keep you from having conversations about the end of life?

- *Answer*: It is harder to have end of life conversation with my family. Especially those family members who are distanced from God, and they don't want to talk about it.
- *Answer*: That's hard to even think about. I love my life here.
- *Answer*: Not knowing whether there will be divine judgement on me after I go. All the unknowns make me fearful. It's my Catholic background from childhood that makes me scared.
- *Answer*: Fear of what my desires might be, and for being ridiculed for it.
- *Answer*: The denial of death.
- *Answer*: I'm too busy.
- *Answer*: It brings up too much emotion for me. I don't want to dampen the mood of others. The other person in my life is not as receptive, or they are fearful. Besides, I am not feeling near, or close to death yet, so why talk about it?
- *Answer*: Where do you interject the conversation in daily life? I have fear of acknowledging death, my own death the other person's death. It might be a downer topic.
- *Answer*: Other people's discomfort with the topic of death. Besides, I don't have enough confidence in myself to talk about it.
- *Answer*: That other people might not want to hear about this topic.
- *Answer*: Although I know about heaven, it's scary facing my own mortality. I am starting to get a little bit more comfortable talking about

my end of life after the workshops. But I know that people do not want to face their own death.

- *Answer*: I am quite comfortable talking about death and dying. Sometimes it's the other people in my life who are not ready to have that conversation. I don't talk about it.
- *Answer*: I don't have much fear talking about death, but no one else wants to talk about, there is no one to talk with. Except today at this workshop.
- *Answer*: There are not too many obstacles or fears that I have because I know that "death is just part of life."

Question 3: What do you believe is after death?

- *Answer*: I believe there is peace and comfort in God's Kingdom.
- *Answer*: I think that there is an afterlife, and that it is a good afterlife.
- *Answer*: My family will be there. My friends and my pets who have died will be there too.
- *Answer*: I think that all the answers that I have been searching for will be there.
- *Answer*: I will see my grandma in heaven.
- *Answer*: That I will be greeted by Jesus and my family and friends. They will all welcome me to heaven.
- *Answer*: There will be eternal life with God, and there will be people there singing praises to his name.

- *Answer*: I think we are going to be greeted by a plethora of family and friends. We will feel a sense of overwhelm.
- *Answer*: There will be a time of praise and worship of the Lord eternally.
- *Answer*: I believe there is after life, which is heaven. Heaven 200%-300% (?)
- *Answer*: I am grateful to go to heaven, that gives me a peace of mind.
- *Answer*: I am not sure-I should live a Christ-like life to go to heaven.
- *Answer*: Transition to being complete. God's love and grace around me.
- *Answer*: There will be a multitude of all of God's children, including non-believers.
- *Answer*: Seeing Jesus, and there will be no tears there.
- *Answer*: The place where I can connect with my husband, mother, father, and all my pets. They have died.
- *Answer*: There will be a rainbow.
- *Answer*: All my dogs will come to greet me, my family too will come.
- *Answer*: There will be peace, tranquility.
- *Answer*: My 3-year-old daughter who died of Leukemia will be there.
- *Answer*: Heaven, and Jesus welcoming mw to come. My husband and family will be there too.
- *Answer*: There will be intense love, the same love that is characterized in the Bible.
- *Answer*: I believe in life after death, there is reincarnation.
- *Answer*: I believe in heaven and God will be there.

- *Answer*: I believe there will be a judgement day.
- *Answer*: I have had a near death experience myself, and a warm feeling came over me. I did see a light, my experience led me to believe in an afterlife. I was buried alive in a sand dune when I was either 8 or 9 years old. I fought for my life, and it felt like I was quitting on life. Then I felt a sense of calm, that was right before they got to me. At the very end there was peace, a letting go, and warmth.

APPENDIX D
TWO-WEEK SERMON SERIES

Sermon 1: This Hope Never Ends
Ecclesiastes 3:1-5; John 11:25-27
Pastor Anette Rihovsky
Laguna Niguel Presbyterian Church
July 17, 2022

I have had the privilege to be present with people when they have had near death experiences, right in front of my eyes. One of these miracle moments took place at a hospital late one evening when a middle-aged man was brought into the ER by a team of first responders.

The man had been found after he had been in a tragic accident. He arrived at the ER with no heartbeat, no blood pressure, and no pulse. The trauma team worked hard to resuscitate him. Sadly, there was no response, nothing.

It came to be the time when we had to tell the sad news to the man's family. They had been waiting, crying, praying, and calling other family members as they began to suspect the worst-case scenario.

I had been going back and forth between the triage room and the waiting room so that I could provide the family with the latest updates about their loved one. Things can change very quickly in the ER. In the waiting room, his wife was laying on the floor in the middle of the room. I bent down on the floor next to her to hold her as she was crying out loudly with tears flowing down her face. She was inconsolable. As we finished praying, her cries changed into a loud shout, and at the top of her lungs she shouted, "I believe in Jesus Christ as my Lord aloud and Savior! I believe he can do anything; he can

heal my husband back to life now, I believe this!" Then she asked her family, "Do you believe this?" Everyone in her family looked over in her direction and nodded halfheartedly. They mostly had looks of disbelief but seemed to somehow want to help the woman to calm down a bit. They were very quiet, except for the woman who now was repeating it again, "I believe God can heal my husband" "I believe this."

The time came for us to gather the family around the man's bedside, where they could see that there was no life in this man. The triage team and physicians began to tell the family that everything that could be done, had already been done, they had tried to resuscitate him. Sadly, he did not make it. "We are so sorry to tell you that your husband did not make it, he has died."

And that was the time when the dead man in the bed in front of us, took a deep breath, opened his eyes, and looked around the room. He looked at his stunned looking family, he looked at the stunned looking medical team, and then he looked over at a big clock on the wall. The first words he said after having been dead for several hours was, "Oh no, what time is it? Did I miss the game?"

To say that we were all shocked is an understatement. We had all witnessed this man coming back to life, and he seemed to be in good spirit. No deficits. We began praising and thanking God for bringing this man back to life. Even some of the people in the room who were not believers said, "You must have a good God-this is a miracle." The woman kept on saying, "See, I told you all to believe God."

A day later when things had calm down more, the man began to tell his story. He shared what he had witnessed during his near-death experience. He said, "you are not going to believe me when I tell you." It had happened at the time of his accident; he

could see himself from above leaving his body. Then he saw a bright white light that gave him a peace that he had never felt before. “I knew it was the face of Jesus, and I was completely at peace, feeling this unconditional love that I had never felt before.” “I felt this hope that I have never had before-it was incredible.” “This is heaven-this is real.” Like others who have had a near death experience, he wanted stay there in the presence of Jesus. He said, “but it was not my time yet-I had to come back here.”

There is a season and a time for everything under heaven, a time to be born, and a time to die. There is a time to grieve and a time to dance. God’s eternity is outside of our definition of time. In another dimension. There is a time to receive new life and to live for all of eternity with God after this life.

Miracles happens all the time if we take the time to pay attention to them. In the text from John, Jesus brought back to life his friend Lazarus from the dead. Jesus had been traveling when he got word that Lazarus was sick and dying. Since Jesus already knew that he was going to raise Lazarus from the dead there was no reason for him to rush to the beside of Lazarus. Instead, he continued to preach and waited another two days before he went to the town of Bethany, where Lazarus’ sisters were grieving the loss of their brother. Martha, one of Lazarus’ sisters, runs to meet Jesus when he comes walking into town. She is crying and telling Jesus that he could have saved her brother from dying if he would have been there. However, she still believed that anything was possible because God could do anything.

Jesus told her not to worry because Lazarus would rise again. Martha thought that he was referring to the time when all of humanity would be resurrected at the end of time.

Yes, Lazarus would be raised then. But what about now? Although this belief is correct, she still missed the deeper meaning of what Jesus was saying.

Then he boldly told her that he was the source, the point of origin of the coming resurrection and that he was the one who would bring everyone back to life. It was when he told her of his power and worthiness to resurrect the dead, that Martha believes that Jesus is the Messiah they had been waiting for.

I find it very interesting that Jesus does not say, "I can give you a resurrection and a life." Or "I can help you to find it." Instead, he says, "I AM the resurrection and the life." That means that new life is in him. We cannot find it any other way, but in Jesus. He is the One we believe; he is the One we trust.

It is not uncommon to have a similar belief to what Martha had believed. The belief that the resurrection was going to be an event. Here, we come to realize that the resurrection is Jesus, it's not just an event! He tells Martha, and all of us, "I AM the resurrection and the life." It is a calling for our lives. He calls us to faith. He calls us to trust. He calls us to believe. This is so much more than believing in Jesus. Do you believe Jesus, that he is who he says he is? God incarnate, who came to set us free from death. Not because he had to, but because of his unconditional love for you. He loves you so much that he took your place on the cross to give you eternal life.

With confidence we can look forward to a resurrection of our bodies, our souls to live forever in God's presence. Imagine this gift of having new bodies to replace the human ones we currently have. On this side of heaven our bodies tend to wear out, get sick and fall apart at the seams. Eventually, the body dies. Because that's all we can see here in this broken world.

Most of us tend to be like Martha. When something bad happens in our lives, we run to confront Jesus, “Why did you not stop this thing from happening to me?” “If you would have been here earlier, my loved one would not have died.” “Where have you been, anyway, God?”

During those tough times when we feel deep grief over a broken relationship, when we feel crushed over being abandoned, when the person we loved so much suddenly dies. When we get sick, lose our health. It is then that God wraps his arms around us, with a gentle whisper, “I AM here with you, I AM the resurrection and the life.

I believe that we are spiritual beings with a human experience, and the best is yet to come. There is a time when God will wipe away every tear from our eyes, when there will be no more death, mourning and pain will be gone forever. New life in eternity will last forever. Your grief becomes hope, and this hope never ends.

A couple of months ago I did a three-week workshop on having a hope filled view on death. It was so much fun to have all the people participate and share in their stories. I introduced table talk where we talked around each table, and there were healthy, joyful, and very thoughtful conversations about the topic mostly avoided in America; the topic of death and dying. It is amazing how much more hopeful we feel about our own end of life once we openly begin to talk about it. It is no longer a mystery to be avoided, instead it becomes a beautiful reality that there is eternal hope.

Each participant at the workshop were asked questions about the topic, and one of the questions was about hope. What is hope to you? Their responses were so genuine, so authentic and it was heartwarming to me to hear what they shared from their hearts. Let me share some of their responses, “Hope is to be in God’s presence one day. Hope is to

be at peace. Hope is in Jesus, compassion, forgiveness, unconditional love. Hope is to love more, relate and connect more, hope is to be the change I'd like to see in the world. God is hope, Hope is a feeling of peace, and hope is love." That touched my heart and filled me with hope. Yes, there is hope! Jesus does not just restore us, he transforms us. We are not just going to be resuscitated, we are going to be resurrected together. Jesus has given us new life, for all of eternity. Do you believe this? Amen!

#

Sermon 2: Life After Life
Psalm 23, 1Thessalonians 4:13-18
Pastor Anette Rihovsky
Laguna Niguel Presbyterian Church
August 14, 2022

Benjamin Franklin once said that there are only two certainties in life: death and taxes! Some people go to great lengths to escape them both—mostly unsuccessful in one, and completely unsuccessful in the other. Our lives on this side of heaven have an ending. The good news is that, as life ends here, new life begins with the Lord in eternity, which is outside of time—it never ends. Yes, there is life after life!

Life being with God is to be surrounded by eternal peace and embraced by his unconditional love that never ends. We will be with God, and with those who have gone before us. That is of great comfort and hope for all of us.

Of course, there are some struggles that we must face while living in the here and now. How do we live before we die? The most valuable lessons I learned about how to live did not come from a textbook, or lecture, or from any knowledge that came from my

higher education degrees. Of course, I worked hard to earn those, and they are valuable, but nothing I learned in a classroom compares to what I learned in real life—especially from people on their deathbeds, in the last stage of life on earth. There is no education higher than that which comes from people preparing to go be with God. I learned so much from those honest conversations that happened before they took their last breaths. My greatest teachers are those who had the unique perspective that only comes at the end of life, and I believe we can all learn something from them.

A few months ago, I led a three-week workshop called "The Best is Yet to Come." I designed it to help us overcome the taboo surrounding the topic of death and dying that is prevalent in American culture today. I was happy to see the participants engage in honest, healthy conversations about death and dying. The table talks we had were so inspirational. The more we learn and talk about it, the more we shed light on it, and the less fear we have about dying. During the workshops, I spoke in depth about the end-of-life conversations that I had the privilege to be part of.

Today, I will more briefly summarize some of the lessons learned from those conversations, the things these people wished they would have done differently in their lives.

These men and women did not know each other, yet they all shared common threads in what their regrets were, what they wished they could have done differently. They wished that they would have spent more time with their families and loved ones. They wished they had spent less time at work. They wished they would have forgiven others more frequently. And they especially wished they would have forgiven themselves

sooner for things they had done, or not done. Many people could not even remember why they had been so stubborn to not forgive someone.

They wished they would have been more loving towards others. Love is from God and freely flows through you, so even if you find it difficult to love someone, let God love them through you.

They wished they would have spoken up more for the truth, used their voices to take a stand for justice, for what is right. They wished they would have had more courage to speak up for themselves and been more open with their feelings instead of worrying so much about what others thought of them. Be yourself. Don't pretend to be someone you are not. God made you exactly who you are, so embrace that and thrive in being yourself.

Never did I hear a person on their deathbed say that they wished the walls in the hospital room were a different color, nor did anyone wish they had a different nurse to care for them. They did not sweat the small stuff. They were just grateful for life, and so grateful for the next life. They died with hope and at peace.

Some of them were already believers. But even those who were not—in the end, they too were looking forward to going to be with God. Everyone's journey is different. Some people wait a lifetime before they accept God's love. I think we need to share our personal faith stories more often so that others can hear about God's love for them. Everyone deserves to know they are loved and made in God's image. That brings hope to the hopeless and changes lives.

It is our faith in God that carries us through life. Here in Paul's letter, he wrote to the believers in Thessalonica to encourage them in their faith, to remind them of the hope

that we have in Jesus. This encouraging message was not only for the Thessalonians, but it is also a hope-filled message for us here and now.

Paul started the Thessalonian church on one of his earlier mission trips, and since this took place of course before email and text messages, he received actual letters communicating how worried the people were about those who had already died while waiting for Jesus to come back. Since Jesus had not come back yet, would their loved ones who already died be missing out on the promise of eternal life? Paul addressed their concerns by reassuring them that, whether they had already died or are still alive when the Lord comes back, all will be together with him and together with their loved ones again.

When someone we love dies, it feels like our hearts breaks into a thousand pieces. Grief hurts—and yet it is a normal and natural response to loss. Grief affects our entire being—body, mind, and soul. It is a sign of love. If we have loved and continue to love in our lives, then we have experienced and will again experience grief. It only exists where there has been great love. Thankfully, friends, love never dies. Because God is love.

Paul is saying that, although we will unfortunately experience grief, we can grieve with hope, knowing that one day it will turn to joy when Jesus comes back to unveil God's new world. And in that world will be your loved ones who have already died, as well as those who are still alive, and all will be reunited and given bodies in renewed creation.

With God there is always hope, and this hope gives us comfort in our losses. This hope is in the specific promise of the resurrected Christ who shall come again. This hope

is not just something we wish for in the future. This hope lays claim on our lives in the here and now. That makes a world of difference in how we live our lives because of what is at stake. This hope is what distinguishes believers from others.

Paul's message is about having comfort in Jesus during times of sorrow and grief. This isn't the hyped-up end-of-times visions you may have seen in media. You are not going to hang out in some mid-air heaven, or go through a wild western tribulation, or get left behind. That's just bad theology. Paul's message is about being reunited with those who have died. If you are grieving a loved one, you are going to be together again.

This is about how to live life in the here and now. Yes, the journey of life can be an emotional roller coaster with its ups and downs. The 23rd Psalm beautifully describes the reality that we live in the shadow of death, that there is going to be grief in our lives. But we do not go through this journey of life alone because God is with us, guiding us through to the very end, when we go into the house of the Lord. Your eternal destination is to be with God. We can look forward to the Lord's appearance, when believers will be transformed, when our loved ones who have already died will be raised, and together we will be made new.

Jesus died, rose, and ascended, and one day shall return to set up God's kingdom here where all believers will live with him forever. We are assured this will take place at any time and it will be unannounced.

With Christ there is no suffering. It is the end of cancer, sickness, pandemics, disease, lockdowns, political oppression, depression, loneliness, pain, and death. It's the death of death! Instead, there is life, love, joy, and peace for all of eternity. It never ends.

This hope in Jesus is so countercultural. It's not a hope in ourselves, or a hope in others. That brand of hope tends to lead to disappointment. That's limited hope. Scripture is filled with hope in Christ. Believers will be made like Christ, in the bodies with which we shall be raised up, in happiness, and in glory. The death and resurrection of Christ is essential to our faith. It is what gives us hope of a joyful renewal in Christ.

Our lives have value. There is hope in the redemption of the world. God is redeeming this world with us in it, and we will live with God forever.

Until that time comes, may we live our lives informed by the lessons of those who have gone before us. Let's not sweat the small stuff. Instead, may we love more, forgive more, take a stand for justice, have courage to speak up for what is right, spend time wisely, and be our authentic selves! There is always hope with God, and you are a people of hope, by his grace. Hope you can see that God is doing a new thing, right here, right now. Amen!

#

Handouts for the Congregation Following the Sermon Series

Dear Church family and friends,

I would value any feedback you would be willing to share about today's sermon Life after Life, which was prepared as part of my Doctoral dissertation project.

Thank you for taking the time to answer these four questions, and please feel free to add anything else on the reverse side of this paper if needed.

Blessings,

Pastor Anette

1. Did my sermon change your way of thinking about death and dying?
2. Did my sermon provide any new insight into Scripture?
3. Did you learn something from my message?
4. Did my sermon offer you hope?

Question 1: Did my sermon change your way of thinking about death and dying?

- *Answer*: Yes, I liked to discussion of "without love, there is no grief of loss of life." That is an excellent respectful regarding someone passing on.
- *Answer*: Sure. Because I came from other religion it is new and interesting.
- *Answer*: Yes, I Need to look forward and not behind. And embrace your time as you don't know how long on earth that might be. Don't be scared, be hopeful.
- *Answer*: Yes, every time I hear your message, I change my way of thinking to ever more positive.
- *Answer*: Yes, it did reinforce what I know: That the next life is something to look forward to.
- *Answer*: Confirmed, refreshed
- *Answer*: Yes

- *Answer*: Yes, I already believe we have eternal life in Jesus Christ after our physical death. We will be together again in Christ.
- *Answer*: Yes
- *Answer*: Just affirmed my thoughts.
- *Answer*: Yes, I have faith in heaven and in God and what to expect.
- *Answer*: Yes
- *Answer*: Yes, the sermon reinforced my beliefs.
- *Answer*: Yes, it reinforced and expanded my thoughts. Very reassuring.
- *Answer*: Yes! Excellent sermon – full of hope, comfort, positive thoughts. I attended your 3 part workshop – and enjoyed your other recent sermon. I have learned so much from all. Your passion and understanding of this topic are wonderful.
- *Answer*: Yes, the number one thing to do is strive after truth and justice while we wait for Christ's return.
- *Answer*: Yes, it was soothing to know our going to heaven to be with our loved ones.
- *Answer*: Yes, with God there is hope and knowing Jesus brings peace. Thank you for your words…
- *Answer*: Meaningful and hopeful sermon – Thank you for reassurance on scripture – of the joining with loved ones.
- *Answer*: Yes! It provided very helpful thoughts about how God is with us even through the end of our lives here on earth.
- *Answer*: Love never dies.

- *Answer*: Yes, it was a hope filled message. I learned a lot during the 5 wishes workshop that you led. This added to it, adding an extra message of hope.
- *Answer*: Yes, replacing fear with hope.
- *Answer*: You were right on! Been there to see.
- *Answer*: It did enhance and confirm.
- *Answer*: Just reminded me to trust in God and his goodness.
- *Answer*: I have listened to your sermons about death before. You bring such love and hope to everyone. Jesus loves us all and is with us always – making our lives better through faith in Jesus.
- *Answer*: Yes, the thought of hope in death is very important to hear during grief.
- *Answer*: Yes, to some degree.

Question 2: Did my sermon provide any new insight into Scripture?

- *Answer*: Yes!
- *Answer*: Yes, I try to notice and read with a new belief and being open-minded to accept.
- *Answer*: Be yourself, hope in the Lord and love others more.
- *Answer*: Love yet practical. Love more. Live more, forgive more, speak out truth more…
- *Answer*: Yes, I saw new perspectives. Always beneficial to know and how Jesus Christ sacrificed his life and rose again so we could eternal life.

- *Answer*: Yes! Just affirmed my thoughts.
- *Answer*: Yes, I always appreciate when you reference scripture and how God has given us what he has graced us with though scripture.
- *Answer*: Yes!
- *Answer*: Yes, new insights into Psalm 23 – and other passages.
- *Answer*: Yes, the letters to the Thessalonians are not my strong point – thank you for pointing out that the message of grieving with hope comes from these.
- *Answer*: Yes, Both Psalms and Thessalonians speak into God's love and being grateful for today.
- *Answer*: Yes. Our time on earth is short, but life with our Lord is forever.
- *Answer*: Yes, through Christ we have hope.
- *Answer*: Yes, I never put together that the "in the valley of the shadow of death" was our lives here on earth – it was an aha and made perfect sense.
- *Answer*: Yes, how God wants to save all.
- *Answer*: Yes, supportive.
- *Answer*: Yes.
- *Answer*: Yes, death does not separate us from our loved ones!
- *Answer*: Yes, I always feel so at peace when you talk about death. You have a special gift of making us at peace and hopeful.
- *Answer*: Yes!
- *Answer*: Yes, it did.

Question 3: Did you learn something from my message?

- *Answer*: Yes
- *Answer*: Yes, the highlight one: where there is love so there is pain too
- *Answer*: Be hopeful, spend time wisely
- *Answer*: Forgiving yourself and others means so much.
- *Answer*: It was good to hear again that God is merciful and that his Grace is for all of those who have loved him through all of history.
- *Answer*: Yes!
- *Answer*: Yes, grief is love. Love is eternal.
- *Answer*: Yes
- *Answer*: Just more affirmation.
- *Answer*: How you explained grief is a sign of love. I believe in eternal life but yet I get sad. Do not sweat the small stuff. Live a life of love and forgiveness with Jesus.
- *Answer*: To forgive.
- *Answer*: Yes, I was pleasantly surprised to hear that almost all close to dying believe in the Lord and look forward to the afterlife.
- *Answer*: Yes, the importance of love and hope. Don't sweat the small stuff.
- *Answer*: Yes, your personal experiences of the common thread at the end of life are especially instructive.
- *Answer*: Yes, that by living God's will and not my will, love and gratefulness in this moment…

- *Answer*: Yes, it reminded me to focus on the important intangibles in life – family, forgiveness, kindness rather than the material.
- *Answer*: Yes, to live life in the here and now.
- *Answer*: Yes, both learned and added further understanding of the scripture, the 23rd Psalm and 1Thessalonians 4. 13-18.
- *Answer*: Yes, to trust in the Word.
- *Answer*: Yes.
- *Answer*: Yes.
- *Answer*: Yes, be more patient and forgiving and kind.
- *Answer*: Yes, grieving is a way of showing how much you loved & cared about that person.
- *Answer*: I am in the grieving process & the hope thought process is very informative.
- *Answer*: Oh yes!

Question 4: Did my sermon offer you hope?

- *Answer*: Yes. Another description made a mark on me. “Passing on” instead how many people say “died” or “passed away.” Passing on is a better way to phrase it think about death.
- *Answer*: Yes, gave me hope for being in peace after this life is great because coming from other belief in through my life ….. it is precious.
- *Answer*: Yes be hopeful not hopeless
- *Answer*: Absolutely

- *Answer*: Yes it reminded me about the fact that God has promised that Heaven will be a place of peace & love with those we've love with God
- *Answer*: Yes, spiritually & practical
- *Answer*: Yes
- *Answer*: Yes! We are people of hope because of God's good grace.
- *Answer*: Yes! Very much.
- *Answer*: Just reaffirmed.
- *Answer*: Your sermons always inspire hope. In your sermon today I thought of places you may have chosen to use faith in place of hope. My faith that there is eternal life with God. I had a friend with cancer, still living in remission tell me she is not afraid to die. It's a promotion…(cannot read more, it is cut off.)
- *Answer*: Yes, it did.
- *Answer*: Yes, it reaffirmed, especially what I learned as mentioned in #3. (That almost all close to dying believe in the Lord and look forward to the afterlife.)
- *Answer*: Yes, very much so! I am looking forward to being reunited with my family and mom!
- *Answer*: Yes, especially that hope breaks through grief.
- *Answer*: Yes, hope that at the end there is an eternity of love and compassion offered by our Lord Jesus Christ. Thank you, Anette.
- *Answer*: Yes, it reminded me that our loved ones that have gone before us are waiting for us in heaven. Thank you, Anette!

- *Answer*: Yes – spend your time wisely.
- *Answer*: Yes, it gave me hope. You are a blessing to me and to our church.
- *Answer*: Yes, it always does.
- *Answer*: Yes.
- *Answer*: Absolutely.
- *Answer*: Yes!!
- *Answer*: Yes, it was very uplifting and the thought of passing gives me hope to meet …
- *Answer*: Yes! I can look at death as passing from my house to Jesus' house and that it is a much better house.
- *Answer*: You bet!

Additional Feedback:

Anette your message was valuable because you shared your experience with people who are close to death. Thank you! /Forgive others, & self/More loving/Stand up for justice/Been more assertive/Been happy & comfortable in own skin/Share our faith stories more after/Loved by God and we are all created in his image.

APPENDIX E
BLUE CHRISTMAS SERVICE BULLETIN AND SERMON

Saturday, December 4, 2022

4:00 pm

Laguna Niguel Presbyterian Church
30071 Ivy Glenn Drive
Laguna Niguel, California 92677
949.249.1218 www.lnpc.org

Opening Song ***Blue Christmas***

Tom McMahon

Elvis Presley & Martina McBride

Welcome Pastor Anette Rihovsky

Lighting of the Candles

Call to Worship

Tonight we come looking for the Christ Child. We come, bringing our grief, sadness, worries, our fears. We come seeking relief from pain. With the psalmist of old we say, "O Lord, you are my refuge, my portion in the land of the living. Give heed to my cry, for I am brought very low.

Opening Prayer

God of Hope, hear our heartfelt prayer in this season of Christmas for ourselves, and for our families and friends who live with the struggles of illness and the pain of grieving the loss of a loved one. We ask for strength for today, courage for tomorrow, and peace for the past. We ask these things in the name of Christ who shares our life in joy and in sorrow, death, and new birth, despair, and promise. Amen.

Song ***O Little Town of Bethlehem***

Phillips Brooks

O little town of Bethlehem
How still we see thee lie
Above thy deep and dreamless sleep
The silent stars go by
Yet in thy dark streets shineth
The everlasting Light
The hopes and fears of all the years
Are met in thee tonight

How silently how silently
The wondrous gift is given
So God imparts to human hearts
The blessings of His heaven
No ear may hear His coming
But in this world of sin
Where meek souls will receive Him still
The dear Christ enters in

O holy Child of Bethlehem
Descend to us we pray
Cast out our sin and enter in
Be born in us today
We hear the Christmas angels
The great glad tidings tell
O come to us abide with us
Our Lord Emmanuel

Prayer of Confession

Lord, we come to you this evening to express our confusion regarding our relationship with you: You know that we come with heavy hearts that we find hard to carry. It is particularly in this time of year when the darkness of long solstice nights collides with the brilliance of Christmas lights, that we find it hard to express our losses. We may be confused, sad, lonely, and feeling our losses without remembering that you are always here with us to support us. At times, we tend to even have anger at you, Lord, because we feel in some way it is your will that we are saddened. Sometimes we feel cut off from you because we allow our many hurts to overtake us. We lack trust in you. Open us to the understanding that you are the source of all love and we need to not feel so alone in our grief. Grant us wisdom to know that you— most of all—can be trusted, and that you are with us, especially when we are at our absolute lowest.

Declaration of Forgiveness

Let us open our lives to God's healing presence and receive the Lord's loving acceptance of us! We know, God of Love, that you are always with us even in our very darkest of times. We know that by leaning into your endless patience and strength, we receive your mercy, your care, and your grace today, and always. Amen.

First Scripture Reading
Psalm 121

1 I lift up my eyes to the hills—
from where will my help come?
2 My help comes from the Lord,
who made heaven and earth.
3 He will not let your foot be moved;
he who keeps you will not slumber.
4 He who keeps Israel
will neither slumber nor sleep.
5 The Lord is your keeper;
the Lord is your shade at your right hand.
6 The sun shall not strike you by day,
nor the moon by night.
7 The Lord will keep you from all evil;
he will keep your life.
8 The Lord will keep
your going out and your coming in
from this time on and forevermore.

Song — *O Come Emmanuel*

Latin 12th Century Hymn

O come, O come, Emmanuel,
And ransom captive Israel,
That mourns in lonely exile here
Until the Son of God appear.

Rejoice! rejoice! Emmanuel
shall come to thee, O Israel!

O come, thou Dayspring, come and cheer
Our spirits by thine advent here;
And drive away the shades of night,
And pierce the clouds and bring us light!

Rejoice! rejoice! Emmanuel
shall come to thee, O Israel!

Second Scripture Reading — John 1:1-14

1 In the beginning was the Word, and the Word was with God, and the Word was
God. 2 He was in the beginning with God. 3 All things came into being through him,
and without him not one thing came into being. What has come into being 4 in him
was life, and the life was the light of all people. 5 The light shines in the darkness, and
the darkness did not overcome it.
6 There was a man sent from God, whose name was John. 7 He came as a witness to
testify to the light, so that all might believe through him. 8 He himself was not the
light, but he came to testify to the light. 9 The true light, which enlightens everyone,
was coming into the world.
10 He was in the world, and the world came into being through him; yet the world did
not know him. 11 He came to what was his own, and his own people did not accept
him. 12 But to all who received him, who believed in his name, he gave power to
become children of God, 13 who were born, not of blood or of the will of the flesh or of
the will of man, but of God.
14 And the Word became flesh and lived among us, and we have seen his glory, the
glory as of a father's only son, full of grace and truth.

Meditation — *The Light that Shines through the Darkness*

The Sacrament of Holy Communion

The Lighting of Individual Candles

You are invited to come forward and light a candle. As you light the candle, say out loud the name of the person or people, for whom you are lighting the candle.

Closing Song

Silent Night

Joseph Mohr and Franz Gruber

Silent night holy night
All is calm all is bright
Round yon virgin mother and Child
Holy Infant so tender and mild
Sleep in heavenly peace
Sleep in heavenly peace

Silent night holy night
Shepherds quake at the sight
Glories stream from heaven afar
Heav'nly hosts sing alleluia
Christ the Savior is born
Christ the Savior is born

Silent night holy night
Son of God love's pure light
Radiant beams from Thy holy face
With the dawn of redeeming grace
Jesus Lord at Thy birth
Jesus Lord at Thy birth

Silent night holy night
Wondrous star lend thy light
With the angels let us sing
Alleluia to our King
Christ the Savior is born
Christ the Savior is born

Benediction

May the power of the Lord go before us, to show us the way,
Shine above us to lighten our world,
Lie beneath us to bear us up,
Walk with us and give us companionship,
And flow within our souls to bring joy, to ourselves,
and to all those around us.

God Bless You

Blue Christmas Service-December 2, 2021
Pastor Anette Rihovsky
John 1: 1-14 (Psalm 121)
"The Light That Shines Through the Darkness"

One night some years ago, I had just finished my shift at the hospital and was about to leave for home when I heard a woman cry out, "Please, someone help me." She kept repeating her plea for help as I ran toward the room, and when I arrived, I looked into the sweet face of an elderly woman. She was sitting upright in her hospital bed holding a tangled mess of tubes she had just ripped out of her frail arms and throat. Apparently, she had decided to take herself off the life support system she had been on for weeks.

I saw the look of disappointment in her face as she said, "Well, this doesn't look like Heaven." She looked me in the eyes and said, "I saw this bright light, and I was so happy. I want to go back there. Please, can you help me get back to the light?" She shook her head, "Get me back to the light." She kept repeating, "Get me back to the light."

Once she settled down, I told her, "You must have seen the light of Jesus." I've heard the first-hand accounts of seeing the bright light hundreds of times from people experiencing near death—and they all share the common thread of this peaceful, bright light, and seeing the face of Jesus. And everyone always told me they wanted to stay in the presence of this peaceful light, and they were always disappointed to be back in life, often back in their hospital beds.

This woman told me, "I was just sleeping in my bed at home when I suddenly saw this bright light and the face of Jesus. It made me so happy! I knew that it was Heaven.

Look at me!" she said. "I'm so ready to go to Heaven. I have loved the Lord all of my life, and I have been looking forward to meeting him. But now you people have kept me alive and made me stay here and continue this nonsense." To be honest, she used a word other than nonsense, but I'll let you use your imagination. But you get the point: she was disappointed—big time!

I told her I was sorry and said, "It must not be your time to go yet. But one day it will be."

With a determined look in her eyes, she grabbed my hands in hers and said, "You need to pray for me." When I finished praying, she opened one eye to peek around the room and then yelled, "Well, that didn't help! I'm still here! I need to get to Heaven!"

And then she went back to yelling what she had been repeating before, "Please, someone help me! Please…"

See, as humans, we're born into the world with hungry hearts and thirsty souls—with deep desires for a real purpose and fulfillment from something meaningful and hopeful.

We were made to be with God, and to live for God. This life is not about you. Or me. It is about being with Jesus. Love the Lord God with all your heart, mind and soul; put God first in your life; and love people so much that you deeply want to share the truth about Jesus Christ with them. That's the only true hope we have as humans.

To become aware of God's presence in your life is not an easy thing to do because there are so many shiny, noisy, colorful distractions—bright lights that shine for a time but burn out eventually, distracting us from the source of ultimate, true light.

Richard Rohr said that we should accept "human culture as a mass hypnotic

trance, where we are like sleepwalkers." We don't notice anything unless it seduces us with bells and whistles or pops up screaming on our media devices.

But we won't find God in those places—because he is already here, right now—even if we need to be taught how to notice his presence. You won't find his presence of peace while you're scrolling through Instagram or watching the constant barrage of news on TV.

We as humans do not naturally see God. We actually need to learn how to see Jesus. That's why he told us to "be awake" and "stay watchful." That's why he told us, "I AM the light," and "I AM here with you."

And the bright light of Jesus is for all of humanity, not just a select few people. It's for everyone—whether they know it yet or not. It's for the woman in the hospital who had lived her whole life for God and was disappointed she wasn't in heaven yet.

And it's also for another young woman I met on a different floor of that same hospital. She had been found lying face down in a parking lot after a drug overdose. Sadly, it was determined that she had been lying in that parking lot for some time before a person passing by finally noticed her and called for help.

This woman was kept alive by artificial means against all odds. Before I ever saw her open her eyes or utter a word to me, I had spent enough time with her that my heart ached for her, for the obviously painful and hopeless life she had been living.

Every time I stopped by her room, she was alone except for the nurses or other attending staff members. There were no visitors—no family or concerned friends. Miraculously, she survived the overdose, and she had to spend several weeks in the hospital. I stopped by her bedside daily to offer support and encouragement for the long

and complicated journey of recovery ahead of her.

Oppressed by her drug and alcohol addictions, she had found herself in one bad situation after another—but she had never found Jesus, until something happened to her.

One afternoon, as I sat by her bed and we watched the glow of the setting sun out her window, she turned to me and said, "You're going to think I'm crazy, but I need to tell you something."

"Trust me," I said. "I know you're not crazy… I've heard it all."

She told me that as she lay in that parking lot, left for dead, with her face in the pavement, she saw a light, brighter and more colorful than anything she had ever seen in nature or in hallucinations from any drug. And in the light, she said, she saw the face of Jesus. And for the very first time in her life, she felt loved, accepted, and surrounded by peace and hope.

That encounter didn't just change her whole life on earth—it changed her eternal life because she became a believer. She told me she experienced hope for the first time. And even though she knew nothing about Jesus before, she knew she had seen his face and felt his embrace in that bright light. With tears streaming down her face, she told me, "God is real, and he is here. And he loves me."

She had lived her life until then without knowing God, without hope. She had been living in darkness alone with her addictions and despair, which left her feeling that life was meaningless and not worth living at all. But that moment in the parking lot which seemed like the end of her life was actually the beginning—when she saw the face of Jesus, the first time she felt loved, accepted, and welcomed. It was the first time she felt hope, and she wanted to stay in that feeling forever, in that peace.

When we have this light of Jesus, we can't just keep it to ourselves. We must share the good news with others, with everyone. If you had the cure for cancer—or the first vaccine for the coronavirus—would you keep it a secret? No, you would be doing everything you could to get it to as many people as possible as quickly as possible. Well, you have the cure for hopelessness, the cure for loneliness, for fear, even the cure for death! And his name is Jesus!

Both of those women I met in the hospital—and many people like them—had near death experiences and lived to tell of it, about how they saw a bright light unlike any other as they saw the face of Jesus. They spoke of an unprecedented feeling of peace, of being embraced by God. And they wanted nothing more than to stay in that bright light with Jesus.

One of the women was already a believer, and the other was not, even though she became a believer after her encounter. It's such perfect proof that the light of Jesus is not just for a select few, well-behaved, life-long churched people. No, this true bright light is for everyone! No matter what you have done or not done, where you have been or not been—it doesn't matter. Because it's about where you are going.

Every one of us has a story to share. Deeply embedded in my soul are countless sacred stories of people I have met in my journey of life so far. I treasure every one of them, how they have humbled me, saddened me, but ultimately brought me hope.

God exists, and he is here right now, and we are all part of his story. I've lost count of the number of people whose bedsides I have been at as they shared their stories, but I remember each one in my soul, and each one strengthens the binding in that universal cord that ties us all together as children of God, as children of his light. All of

us, no matter our backgrounds, cultures, religious beliefs—or lack thereof—all of us, no matter if we're sweet and kind or hardcore drug addicts or crooks—we all have something in common. Every one of us needs this true, bright, light—Jesus is for everyone! So, take comfort knowing that your loved ones are already in the presence of this light of Jesus, and that one day you will be reunited with them again, and be alive forever and ever, Amen!

ADVANCE DIRECTIVE

AdvanceDirectives.com

An advance directive is a document that allows a principal to select someone else to make health care decisions if they are not able to for themselves. In addition, it will enable a principal to choose their end of life treatment options on whether to prolong their life. Depending on State law, this document must be signed in the presence of a notary public and/or two (2) witnesses.

THIS FORM CONTAINS 2 PARTS (EACH PART IS OPTIONAL):

PART I. MEDICAL POWER OF ATTORNEY

PART II. LIVING WILL

PART I. MEDICAL POWER OF ATTORNEY

A medical power of attorney allows you the right to name someone else to make health care decisions on your behalf.

I choose to: (check one)

_____ ☐ - Have a medical power of attorney.
_____ ☐ - Not have a medical power of attorney. Part I of this form is intentionally left blank.

A. PRINCIPAL. I, _____, with a mailing address of _____, City of _____, State of _____, Zip Code: _____ ("Principal") hereby designate:

B. AGENT. _____, with a mailing address of _____, City of _____, State of _____, Zip Code: _____ ("Agent").

AGENT'S TELEPHONE (CELL): (____) ____-_____

I select the above-named person as my Agent to act in all matters relating to my health care (including my mental health care) and including, without limitation, the power to give or refuse consent to all medical and surgical treatments, hospitalizations, and all related health care. This power of attorney is effective at the point when I am no longer able to communicate my health care wishes. My Agent's decisions under this power of attorney, during any period when I am unable to make and/or communicate my health care decisions or when there is

uncertainty as to whether I am dead or alive, are binding on my heirs, devisees, and personal representatives.

C. ALTERNATE AGENT. If my Agent is unable or unwilling to serve or make a decision in a timely manner, I select _____, with a mailing address of _____, City of _____, State of _____, to act as my alternate agent ("Alternate Agent"):

ALTERNATE AGENT'S TELEPHONE (CELL): (____) ____-_____

I intend for my Agent to receive any and all of my health records and information as if I were the one requesting such information. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1420D, and 45 CFR 160-164.

PART II. LIVING WILL

A living will allows a principal to select end-of-life treatment options in the chance of incapacitation with no viable cure.

I choose to: (check one)

_____ ☐ - Have a living will.
_____ ☐ - Not have a living will. Part II of this form is intentionally left blank.

A. PRINCIPAL. I, _____, with a mailing address of _____, City of _____, County of _____, State of _____, with the last four (4) digits of my social security number (SSN) being XXX - XX - _____ ("Principal") desire to advise my doctors and medical providers of my wishes for my health care in the event I am not able to communicate my wishes.

B. LIFE SUPPORT.

I desire that my doctor make a concerted effort to return me to an acceptable quality of life using then available treatments and therapies. However, if my quality of life becomes unacceptable as I have defined below, and my doctors have determined that my condition will not improve (is irreversible), I direct that all treatments that extend my life be withdrawn.

An unacceptable quality of life means (initial and check all that apply):

_____ ☐ - Chronic coma or persistent vegetative state
_____ ☐ - No longer able to communicate my needs

_____ ☐ - No longer able to recognize family or friends
_____ ☐ - Total dependence on others for daily care
_____ ☐ - Other:
_____.

Initial and check one (1) only:

_____ ☐ - Even if I have the quality of life described above, I still wish to be treated with food and water by tube or intravenously (IV).
_____ ☐ - If I have the quality of life described above, I do NOT wish to be treated with food and water by tube or intravenously (IV).

C. CERTAIN LIFE-SUSTAINING TREATMENT. (initial and check all that apply)

Some people do not wish to have certain life-sustaining treatments under any circumstance, even if recovery is a possibility. Check the treatments below, if any, that you do not wish to have under any circumstances:

_____ ☐ - Cardiopulmonary Resuscitation (CPR)
_____ ☐ - Ventilation (breathing machine)
_____ ☐ - Feeding tube
_____ ☐ - Dialysis
_____ ☐ - Other:
_____.

D. END OF LIFE WISHES. (hospice care, funeral arrangements, etc.):

When I am near death, it is important to me that:
_____
_____
_____

I have signed this document on this ____ day of _____, 20____.

Principal's Signature: _____

Print Name: _____

Depending on your State's laws, you either two (2) witnesses and/or notary public may be required for signing this form.

WITNESSES / NOTARY ACKNOWLEDGMENT.

On the date set forth above, I hereby state as follows:

The above-named person is personally known to me, and I believe him/her to be of sound mind and to have voluntarily executed this document. I am at least 18 years old, not related to him/her by blood, marriage or adoption, and I am not an Agent or successor Agent named in this document. To my knowledge, I am not a beneficiary of his/her will or any codicil, and I have no claim against his/her estate. I am not directly involved in his/her health care.

WITNESS 1

Signature: _____ Date: _____

Print Name: _____

WITNESS 2

Signature: _____ Date: _____

Print Name: _____

NOTARY ACKNOWLEDGMENT

State of _____ }
County of _____ }

Signed and sworn to me on the ____ day of _____, 20____.

I, the undersigned authority in and for said County in said State, hereby certify that the Principal, _____, whose name is signed above in this living will, and who is known to me, acknowledged before me on this day that, being informed of the contents of the said document, (s)he executed the same voluntarily on the day the same bears date.

Given under my hand this ____ day of _____, 20____.

Notary Public Signature: _____

Printed Name: _____

My commission expires: _____

(Notary Seal)

APPENDIX G
DOCUMENTED REPLIES FROM RETREAT ATTENDEES

"Creating Space for God" Spiritual Retreat
Pastor Anette Rihovsky
Attendee Questionnaire Responses

Question 1: Did my presentation change your way of thinking about creating space for God?

- Reminder about all of us having an empty space that only God can Fill.
- Certainly did. If you do not make time for God, his voice will be easily missed.
- Just do it! Take time daily and have more than one special place to pray.
- Reinforced the need.
- Absolutely, making space should be a priority.
- Yes.
- Praying brings so much power to us. It gives peace, comfort and a belonging.
- Standing in the presence of God with mind and heart. This is real prayer.
- Yes. It reminds us to stop and make time for prayer.
- Yes.
- Yes.
- Yes!
- Yes. Planning for a specific space in my home/yard.
- Yes, you actually need to plan for a space for God.
- Yes.

- It stressed the vital need for prayer with others.
- I found it was a reminder that I can and need to have my time to pray just me alone.
- I think it is a must to create space for God first thing in the morning.

Question 2: Did my presentation provide any new insight into prayer? Please give examples.

- To set aside time like the two chairs. To pray for others instead of getting upset.
- Too many words obscure the message. Prayer is found in stillness, intentionality. And prayer can affect you and others even from far away.
- Sit (or lie) quietly before beginning to pray.
- The importance of prayer and making time for prayer.
- Love "God Flows Through You" silence is indispensable.
- Liked the insight of prayer – prayer through only Him.
- We need more of God. Praying is a way to create more space for God.
- Create space – plan for prayer. It is not easy but not that hard.
- Make Space, turn hands up to let go. Make time, be still – be quiet.
- Yes. I love that you can just be still and God will listen and he knows what we need.
- Yes, I realized I can make space for God to pray more.
- Yes, I need to be more still.

- Seek God in the silence and find that God is with me everywhere. Make space for God.
- I loved the quotes by Mother Theresa. If you are too busy to pray, you are too busy. How simple, yet how powerful.
- It is important to find peace in prayer.
- Even when we don't know how to pray – pray!
- I liked being reminded that I can choose a special time to talk to God and connect with God throughout the day.
- It doesn't matter to God where we are to prayer.

Question 3: What did you most appreciate about today?

- It is nice to be reminded to make time to spend with God.
- Real pictures. Real stories. The fact that we can be flawed, even a paster! This gives me hope.
- Pastor Anette's insights and her presentation. Hand Washing was a blessing.
- Sincerity.
- Beautiful presentation. Hand washing.
- Make space for God.
- Standing in the presence of God with my LNPC family.
- Knowing that I am ok and that there is hope. It is never too late.
- Time spent with my favorite ladies. Thank you for a wonderful message.
- I loved it all.

- The whole morning – everything I learned.
- The fellowship.
- Pastor Anette's presentation and prayers. The holy yoga and gentle humor and the fellowship with my church sisters.
- Love your enthusiasm and love for God. How inspiring. Thank you, Pastor Anette.
- The need to take time and reduce stress in our lives.
- How making time for a morning retreat and learn.
- I loved yoga and found that it caused me to relax and become more receptive to the words.
- Fellowship. I enjoyed the chair yoga.

Question 4: Did you learn something new?

- I like the hands blessing/washing. It is nice to have nice leadership in Pastor Anette.
- Yes. The parking spot example really got me to think about how to change a negative into a positive. From now on, I will say thank you for this challenge, God. Pastor Anette, you are a sparkling, radiant person. Your use of soundbites, snip or scripture and memes to craft a cohesive lecture was very good. Your gift is making people feel better. Thank you!!!
- Pray for others when coming across a person or group who is experiencing tough times. Whether personally or on TV etc.

- Hand washing.
- Yes.
- Prayer is an act of silence.
- Become a fountain and have God refill us over and over. We need to open ourselves to God's presence. We need to plan more time for God.
- Monkey brain – mind not stopping. Peace and Silence.
- Turn hands up to let things go and make time to pay and create a plan. Hand Washing and Blessing of hands.
- Yes.
- To share with people and to join with others. It is very enjoyable.
- Yes, I learned that I need more time to be quiet and at peace. Thank you!
- Prayer is so powerful, it surrounds us and give us restoration. Hand Blessing so powerful.
- Really reemphasized the importance of not taking God for granted and giving Him space in our lives.
- Be peaceful in quiet time. Hand Washing was peaceful.
- The power of prayer and trusting God especially during time of trial.
- There are times when I cannot pray even though I know that I should. Today I realized that many have the same problem, even those that have chosen to serve the Lord.
- The Hand Washing ceremony to emphasize turning over our problems or troubles to God, and then letting them up. God can handle it.

APPENDIX H
CREATING SPACE FOR GOD PRESENTATION

- Being With God– Unites Our Hearts to Others– Humbles Us–Renews our Hope and Faith–Makes Long Term Impact Beyond This World– Provides Abundance of Blessings…

Deep in Every Human Being is a God–Shaped Emptiness That Only God Can Fill

–St. Augustine

Pitcher or Fountain?

Prayer is Both Attitude & Act– Open Ourselves to God's Presence

–Don Postema, Study And Practice of Spirituality And Prayer; Space for God

Prayers are Powerful – Listen, Really Listen

Prayer is an Act-

- It Does Not Need to be Noisy- Can be an Act of Silence- of Quietly Being With God

When you Stop Talking, You Are Not at The End, But at The Beginning of Real Prayer
–John Calvin

You Can Hear God in a Quiet Garden of Nature

Standing in the Presence of God With Mind And Heart– That is Real Prayer

PSALMS 114:7-8
Tremble, thou earth,
at the presence of the LORD,
at the presence of the GOD of Jacob;
Which turned the rock
into a standing water,
the flint into a fountain of waters.

Silence is an Indispensable Part of The Spiritual Life

When Elijah heard it, he wrapped his face in his mantle and went out and stood at the entrance of the cave. Then there came a voice to him that said,

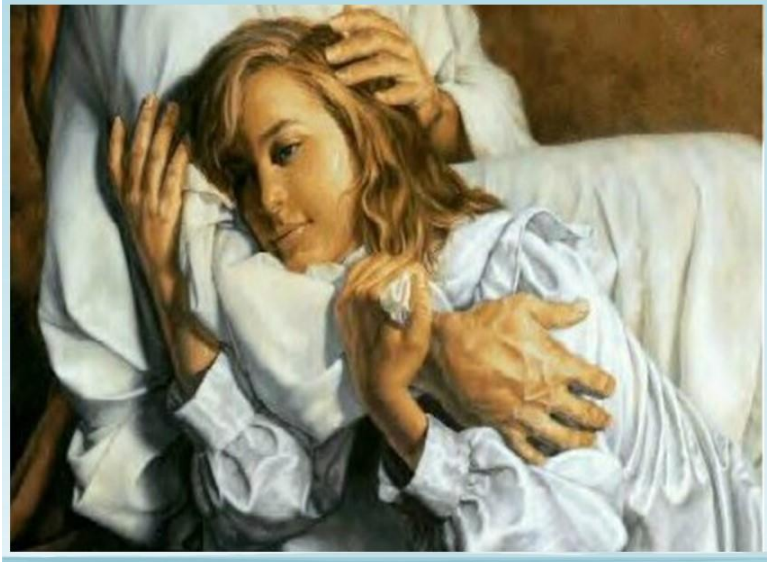
"What are you doing here, Elijah?"

(1 Kings 19:13, NRSV)

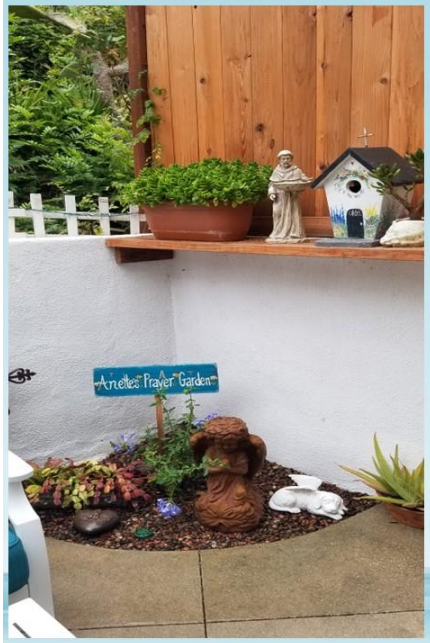
Sense the Divine Presence of God– Not Only in Stirring Music & Majestic Storms. Mostly in Whispering Sounds & Gentle Delicate Stillness

We Make too Much Noise– Speak A Lot Of Words to Others– Even to God...

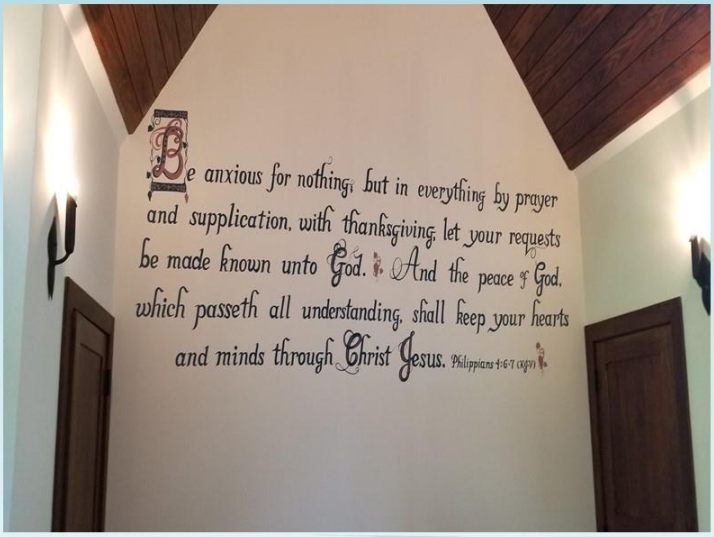
If We Would Stop Yelling & Talking Sometime-We Might Hear A Gentle Sound of Love & realize That God is Here With Us-Now



Embraced by God's Divine Presence-To be Aware & Hear God-We Need to Develop Solitude in our Hearts



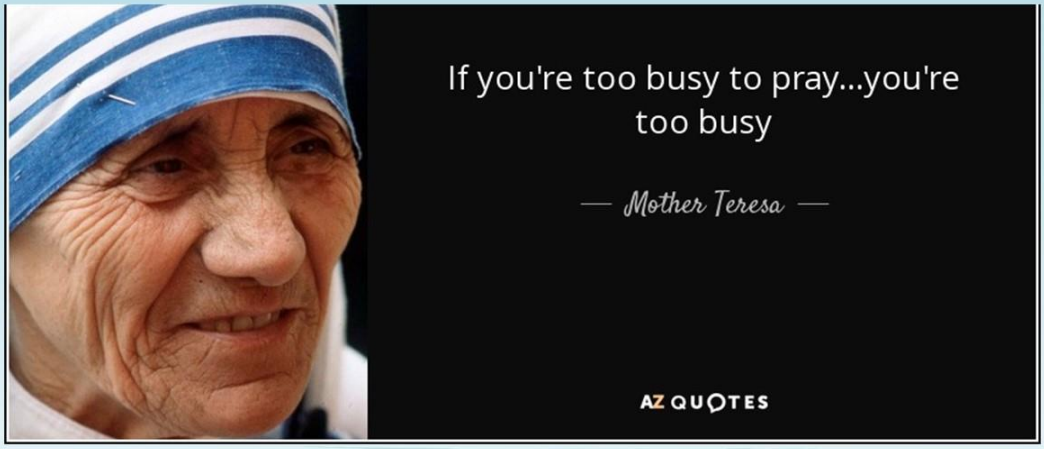
- Prayer Garden
- A Place of Peace
- A Place of Hope
- Make Time for God Space

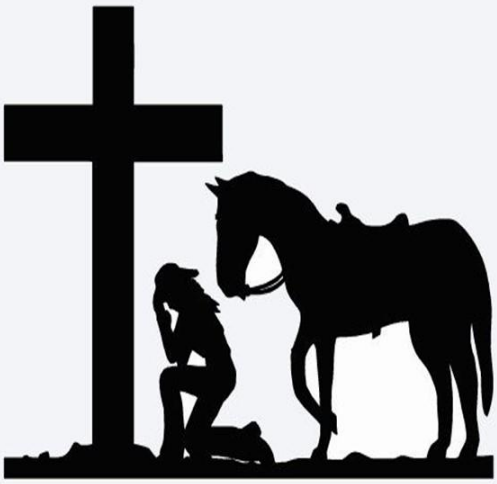

Be anxious for nothing; but in everything by prayer
and supplication, with thanksgiving, let your requests
be made known unto God. And the peace of God,
which passeth all understanding, shall keep your hearts
and minds through Christ Jesus. Philippians 4:6-7 (KJV)

Quietly Being With God– Sometimes the Best Prayers Are Silent

In The Presence of God– It is like Being on Holy Ground

Make Space For God–Holy Ground





- Become Aware of The Presence of God–Praying is Like Being Embraced With a Hug From God
- –Loosely Based on Calvin

Jesus Prayed– in the Presence of God…

GODSPACE
A SPIRITUAL RETREAT
CREATING SPACE FOR GOD
BY
PASTOR ANETTE RIHOVSKY

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